FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Policy and Procedure Manual

2011

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Introduction

First Steps is a statewide, comprehensive, coordinated, multidisciplinary, interagency system designed to provide Early Intervention Services for infants and toddlers with disabilities and their families. This system is authorized by PL 108-446, the Individuals with Disabilities Education Improvement Act (IDEA), Part C.

The U. S. Department of Education, Office of Special Education Programs (OSEP) is responsible for oversight of Part C programs. OSEP monitors programs through the State Performance Plan (SPP) and Annual Performance Report (APR).

The Cabinet for Health and Family Services (CHFS), Department of Public Health, Division of Maternal and Child Health, Early Childhood Development Branch is the lead agency for the Kentucky Early Intervention System (KEIS), commonly known as First Steps.

Policy and procedures for the implementation of the state and federal statutes and regulations are presented in this manual for the purpose of outlining execution and performance of said regulations.

Points of Entry (POE) staff, agency administrators and early intervention service providers are responsible for complying with the information contained in this manual, in addition to the specifications and deliverables in their respective contracts.

Definitions

Note: 902 KAR 30:001 refers to definitions that assist Early Intervention professionals, stakeholders, and families to understand specific terminology used in the Kentucky Early Intervention System (KEIS), commonly known as First Steps. These terms apply to key components of First Steps and will be used when working in First Steps. Other terms are found in federal regulation and other sources of information are provided here for clarity.

Advocate: a person requested by the family to help the family decide on services the child may need and understand the rights provided by law.

Amendment or Requested Review: changes made to the current Individualized Family Service Plan (IFSP) or early intervention record.

Assessment: the ongoing procedures used by appropriate qualified service providers throughout a child's period of eligibility in First Steps to identify the child's unique strengths and needs, the services appropriate to meet those needs; the resources, priorities and concerns of the family; and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

Assistive Technology Device: any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is needed to increase, maintain, or improve the functional capabilities of a child with a disability and which is necessary to implement the Individualized Family Service Plan (IFSP).

Assistive Technology Service: a service that directly assists the child with a disability in the selection, acquisition, or use of an assistive technology device; and includes the evaluation of the needs of the child with a disability including a functional evaluation of the child in the child's customary environment.

Child Find: a system to identify, locate, and evaluate all infants and toddlers with disabilities who are eligible for Early Intervention Services, determine the children who are receiving services, and coordinate the effort with other state agencies and departments.

Confidentiality: the nondisclosure of personally identifying information about the child and family, per the applicable provisions of the Individuals with Disability Education and Improvement Act (IDEA), Family Education Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) regulations.

Consent: the parent or guardian, after being fully informed in their native language or other familiar mode of communication, of all information relevant to the activity for which consent in sought, agrees in writing to the carrying out of the activity. Consent is voluntary and may be withdrawn at any time.

Consultative Model: a partnership model of service delivery wherein parents and/or other primary caregivers and service providers work collaboratively to meet a child's developmental needs, address parent concerns and achieve success by promoting the competencies of all parties.

Developmental Delay: a lag that occurs when a child has not reached an expected milestone of development in the domains of cognitive development, physical development, including vision and hearing, communication development, social or emotional development and adaptive (self-help skills) development. The eligibility criterion for developmental delay is:

Two (2) standard deviations below the mean in one (1) domain of development or skill area; or,

One and one-half (1 1/2) standard deviations below the mean in two (2) domains of development or skill areas.

Direct Supervision: the continuous, on-site observation and guidance of a First Steps provider by another First Steps provider as activities are implemented with children and families***.***

District Child Evaluation Specialist (DCES): an individual housed at the Point of Entry (POE) who ensures that referrals to First Steps are appropriate, oversees that high quality evaluations and assessments are conducted, and provides leadership/guidance to IFSP teams in synthesizing assessment information that results in effective IFSPs.

District Early Intervention Committee (DEIC): a committee operating in each Area Development Districts (ADD) that facilitates interagency coordination at the district level for children ages birth to three (3).

Due Process: the formal procedures to resolve parental complaints about the identification, evaluation, or placement of their child or the provision of appropriate Early Intervention Service(s) to the child or family.

Early Intervention Services: services for infants and toddlers with disabilities and their families delivered according to an Individualized Family Service Plan (IFSP) developed by the child's multidisciplinary team to meet the developmental needs of eligible children, and provided by entities receiving public funds using qualified personnel. The IFSP is developed and the services provided in collaboration with the families and to the maximum extent appropriate, in natural environments, including home and community settings in which infants and toddlers without disabilities would participate.

Established Risk: a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Evaluation: the procedures to determine eligibility for First Steps. Activities include gathering information about the child and family, review of relevant health records, child assessments and tests to identify the current level of developmental functioning and a family assessment of concerns, priorities and resources.

Family Centered: practices that are driven by a family's priorities and choices; that support the family's role in recognition as the constant in a child's life; that complement a family's natural activity settings and daily routines, and that support, respect, encourage, and enhance the strengths, competence, and confidence of the family.

Family Education Rights and Privacy Act (FERPA): a federal law that describes the maintenance and sharing of personally identifiable information in education records. The early intervention record is an education record and as such, must be maintained in compliance with FERPA.

Free Appropriate Public Education (FAPE): an entitlement protected by law ensuring that a child with a disability is afforded an education designed to meet the child's educational needs at no cost to the family and provided under public supervision. FAPE is provided to eligible children, beginning at age three (3), through public schools.

First Steps or Kentucky's Early Intervention System: an array of services and activities for the provision of a statewide, comprehensive, coordinated, multidisciplinary, interagency program for infants and toddlers with disabilities and their families as authorized under Part C of the Individuals with Disabilities Education Improvement Act (IDEA).

Health Insurance Portability and Accountability Act (HIPAA): a federal law that was created in 1996 to help secure families with health insurance. Title II of HIPAA, the Administrative Simplification (AS) provisions address the security and privacy of health data, whether electronic or paper. Oversight of HIPAA is provided by U.S. Department of Health and Human Services (DOHHS). Some provisions of HIPAA apply to the business transactions between the State Lead Agency and early intervention providers.

Homeless Child: as defined by the McKinney-Vento Homeless Assistance Act, "those children who lack a fixed, regular, and adequate nighttime residence".

Indirect Supervision: the regular, periodic, on-site observation and off-site guidance of a professional by another professional in an area of First Steps services as activities/services are implemented with children and families. This includes review of activity plans and reports, review of service logs, and other methods of assessing practice.

Individualized Family Service Plan (IFSP): a written plan for providing Early Intervention Services to a child eligible under Part C of the IDEA and the child's family. The IFSP must be developed by a team that includes the family, be based upon evaluation and assessment information, and contain all required components.

Individuals with Disabilities Education Improvement Act (IDEA): the public law that established the right to a free, appropriate, public education for children and youth with disabilities, originally known as the Education of the Handicapped Act (PL 94-142). Provisions for services to infants and toddlers (Part C) and preschoolers (Section 619) were included in the reauthorization in 1986 (PL 99-457).

Inquiry: a notification to the POE of a child who is in need of developmental screening or who may have an Established Risk Condition.

Kentucky Early Childhood Data System (KEDS): a web-based data collection system to provide data for analysis to determine the degree with which Kentucky's children are meeting major outcomes as required by Office of Special Education Programs (OSEP) in the U.S. Department of Education and state early learning standards.

Medically Fragile: a child who has significant medical conditions that require modifications to Early Intervention Services and/or assessment. A physician or an advanced registered nurse practitioner must make the determination of medically fragile.

Multidisciplinary Team: the child specific group including the parent(s) or guardian(s) of the child and individuals representing at least two (2) applicable disciplines responsible for determining the services needed by the infant or toddler with disabilities and the child's family.

Native Language: the language or mode of communication typically used by the parent(s).

Natural Environments: daily activities and settings, such as the home and community, in which the child's same age peers who have no disability normally participate.

Office of Special Education Programs (OSEP): the federal office within the U.S. Department of Education responsible for the general supervision of the Individuals with Disabilities Education Improvement Act.

Parent:

1) A natural, adoptive, or foster parent of a child;
2) A guardian (but not the state if the child is a ward of the State);
3) An individual acting in the place of a natural or adoptive parent, including a grandparent, stepparent, or other relative with whom the child lives, or an individual who is legally responsible for the child's welfare;
4) An individual assigned to be an educational surrogate parent.

Period of Eligibility: the time from referral to First Steps termination of services due to failure to meet initial program eligibility requirements; attainment of age three (3); documented refusal of service by parent or legal/guardian inclusive of disappearance; or change of residence to another state.

Point of Entry (***POE):*** the entity responsible for implementation of the Kentucky Early Intervention System within the Area Development District (ADD) of the state, serving as the Local Lead Agency (LLA) for Kentucky's Part C Early Intervention System.

Prematurity: a gestational age, at birth, of less than thirty-seven (37) weeks.

Primary Referral Source: those in the community who have the greatest opportunity, by virtue of their work, their relationship to children of this age, or their special knowledge to refer a child to First Steps.

Primary Service Provider (PSP): one (1) professional selected by the family who serves as the team lead and provides regular support to the family.

Provider Action: action(s) or decision(s) by First Steps staff, and action(s) or decision(s) made by early intervention service providers relating to the identification, evaluation, placement of the child or the provisions of appropriate Early Intervention Services.

Qualified Service Provider: an entity including but not limited to an individual, program, department, or agency, responsible for the delivery of Early Intervention Services to eligible infants and toddlers with disabilities and their families, who have met the highest minimum standards of state approved or recognized certification, licensing, registration and other comparable requirements that apply to the area in which they are providing Early Intervention Services.

Referral: notification to the POE of a child identified between birth and three (3) years of age who is a Kentucky resident or homeless within the boundaries of the Commonwealth and is suspected of having an Established Risk diagnosis or a developmental delay as confirmed by the Cabinet-approved screening protocol.

Routines-Based Interview: a specific strategy for conducting the required family assessment through information-gathering conversations with families.

State Lead Agency (SLA): the designated staff in the Department for Public Health who are responsible for implementing the First Steps Program in accordance with 34 CFR 303 Part C of Individuals with Disabilities Education Improvement Act (IDEA) and KRS 200.650 to 200.676.

Surrogate Parent: an individual appointed to make educational decisions on the child's behalf and has no interests that would conflict with the interests of the child. Educational surrogates are used when a child has no parent or anyone who "acts like a parent".

Technology-assisted Observation and Teaming Support System (TOTS): the First Steps statewide online data base and management system. TOTS contains the child's early intervention record and serves as the centralized billing and monitoring system.

Transdisciplinary Team: professionals from various disciplines working together cooperatively by educating each other in the skills and practices of their disciplines, demonstrating a commitment to work together across traditional discipline boundaries being consistent with the training and expertise of the individual team members.

Ward of the State: a child who has been committed to the Cabinet for Health and Family Services or the Department of Juvenile Justice through a legal process, whether the commitment is voluntary or non-voluntary and the biological or adoptive parental rights have been terminated.

Chapter 1: Accessing First Steps

Introduction

The Point of Entry (POE) serves as the Local Lead Agency (LLA) for Kentucky's Part C Early Intervention System. Each Area Development District (ADD) has a POE designated within its boundaries. POEs are under the direct line of supervision of the State Lead Agency. The POE/LLA is responsible for the following activities:

1) Local public awareness and child find;
2) Intake, including developmental screening;
3) Coordination of the multidisciplinary evaluation and assessment;
4) Service coordination;
5) IFSP development and implementation; and,
6) The implementation of the State Performance Plan actions that support the indicators on the local level.

1.1 Operations of POE

The POE/LLA office is open and accessible to parents, early intervention providers, and community stakeholders Monday through Friday with the exception of generally observed holidays and closures due to inclement weather or other unforeseen circumstances.

The POE receives inquiries and referrals (i.e. phone, fax, e-mail, and mail) twenty-four (24) hours a day, seven days a week.

Staff at the POE includes at a minimum, the manager, District Child Evaluation Specialist (DCES), Service Coordinators, and support staff.

1.2 Role of the POE Manager

Each POE has a dedicated manager as the lead position for the POE. The manager is responsible for the following:

1) Supervision of the POE staff: District Child Evaluation Specialist, Service Coordinators, and support staff;
2) Oversight of the day-to-day operations of the POE;
3) Implementation of First Steps policy and procedure, including State Performance Plan indicators;
4) Implementation and resolution of Corrective Action Plans issued by the State Lead Agency;
5) Receipt, investigation and resolution of informal complaints;
6) Facilitation and provision of information to the District Early Intervention Committee; and,
7) Implementation of effective child find activities.

1.3 Role of District Child Evaluation Specialists (DCES)

The District Child Evaluation Specialist (DCES) works to enhance the quality and appropriateness of First Steps services. Each POE has at least one DCES.

Primary Responsibilities

1) Conduct screenings of children referred to First Steps using a Cabinet-approved screening protocol.
2) Complete Five Area Assessments (5AA) using a Cabinet-approved, criterion-referenced instrument for children referred to the POE who have a diagnosed Established Risk Condition.
3) Determine the disciplines needed for eligibility determination and in collaboration with the Service Coordinator for children with indication of developmental delay from screening.
4) Coordinate the multidisciplinary evaluation/assessment and any further assessment when/if

needed.

5) Participate as a member of the multidisciplinary evaluation team as appropriate,
6) Participate in IFSP meetings for children with whom the DCES has completed an evaluation/assessment or Five Area Assessment (5AA).
7) Monitor the implementation of IFSP's, including changes to IFSP's.
8) Assist the State Lead Agency, POE manager and other POE staff in assuring quality services in the district, that are performed within the required timelines.

1.4 Role of Service Coordinator (SC)

Service coordination is the primary service provided through the POE. Service coordination means the activities carried out by an individual to assist and enable the child and the child's family to receive the rights, procedural safeguards and services that are authorized under the State's Early Intervention System.

Each eligible child and the child's family must be provided with one (1) Service Coordinator who is responsible for:

1) Coordinating all services across agency lines, and
2) Serving as the single point of contact in helping parents to obtain the services and assistance they need to address the needs of their child as recognized on their Individualized Family Service Plan (IFSP).

Service coordination is an active, ongoing process that involves:

1) Assisting parents of eligible children in gaining access to all services identified in the IFSP;
2) Coordinating the provision of Early Intervention Services and other services (such as medical services for purposes other than diagnostic and evaluation reasons) based on IFSP;
3) Facilitating the timely delivery of available services; and,
4) Continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Specific service coordination activities include—

1) Conducting the Routines-Based Interview (RBI) to determine the family's priorities and concerns, and updating this information as necessary;
2) Coordinating the performance of evaluations and assessments;
3) Facilitating and participating in the development, review, and evaluation of IFSPs;
4) Assisting families in identifying available service providers;
5) Coordinating and monitoring the delivery of available services;
6) Informing families of the availability of advocacy services;
7) Coordinating with medical and health providers; and,
8) Facilitating the development of a transition plan to preschool services or other services.

1.5 Service Coordinator Responsibilities

Service Coordinators must document in TOTS all contacts with families and/or early intervention providers within seven (7) calendar days of service.

Note: This table provides an overview of the responsibilities of Service Coordinators. Specific detail for activities is provided in later chapters.

Service Coordination Activity Category	Activity	Timelines
Initial Contact	Receive referral; contact family to schedule initial meeting. Determine if there is a need for interpreter services	Within five (5) working days of receipt of referral
	Acknowledge receipt of referral by written letter: • *Non-identifying Referral Acknowledgement Letter (FS-6)* • *Initial Home Visit Confirmation Letter (FS-5)*	Within fifteen (15) working days of referral
Initial Visit/Intake	Meet with family; gather demographic information	
	Complete the following forms: • *Surrogate Parent Identification of Need (FS-23)* • *Notice of Action with Consent (FS-8)* • *Transition Information for Parents (FS-11)* • *Consent to Release/Obtain Information (FS-10)* • *Waiver of Interpreter Services (FS-34)* • *Consent for Use of Private Insurance (FS-12)* • *Financial Assessment Verification (FS-13)* • *Notice of Privacy Practices Under HIPAA (FS-29)* • *Statement of Assurances-Procedural Safeguards (FS-30)* • *Meeting Notice for Families (FS-14)* • **Optional: Refusal of Services (FS-7)*	
	Explain First Steps program, ascertain if family wants to proceed with intake	
	Note: It is recommended that Intake be two (2) visits with the family—one (1) for the explanation of First Steps and a separate meeting to conduct the RBI	
	Interview family concerning developmental status, pregnancy and birth history, social relationships, etc.	
	Conduct RBI with family	
	Explain family rights, obtain signature on *Statement of Assurances (FS-30)*	
	Explain confidentiality procedures	
	Obtain consents for Releases of Information	
	Provide *Notice of Action with Consent (FS-8)*	At least seven (7) calendar days prior to evaluation date
	Collect records for which there is a signed Release of Information	
	Schedule meeting to determine eligibility; if child eligible this may be an IFSP meeting	At least seven (7) calendar days prior to meeting date
	Send notification of meeting to meeting participants *(FS-14)*	At least seven (7) calendar days prior to meeting date

Service Coordination Activity Category	Activity	Timelines
Evaluation & Assessment	Authorize all required Primary Level Evaluations	
Eligibility	Hold meeting to discuss evaluation results;	No later than forty-five (45) calendar days post referral date
	If child eligible, may develop initial IFSP	
	If child not eligible, provide family with *Notice of Action without Consent (FS-9)* and procedural safeguards	
IFSP Implementation	Provide family with *Notice of Action without Consent (FS-9)*	At least seven (7) calendar days prior to initiation of first service
	Initial services start as soon as possible after the IFSP meeting	Within thirty (30) calendar days of date of IFSP
Six (6) month or Requested Review	*Meeting Notice for Families (FS-14)* sent to appropriate IFSP team members	At least seven (7) calendar days prior to meeting date
	Ensure six (6) month progress written and available for meeting	
	Review relevant information	
	Provide a *Notice of Action without Consent (FS-9)* for any changes to existing IFSP services; obtain parental consent for any new Early Intervention Services *(FS-8)*; schedule start date between the 7th and 30th day for any new service	
	Update RBI and financial information	
IFSP Annual Review	Schedule annual IFSP team meeting/revision team meeting	
	Notice of Action without Consent (FS-9) provided to the family for Annual Evaluation of the IFSP and Re-determination of eligibility, parents' rights given, Note: If child is found not eligible, provide a *Notice of Action without Consent (FS-9)* refusing eligibility. Close case no sooner than seven (7) days	At least seven (7) calendar days prior to meeting date

Service Coordination Activity Category	Activity	Timelines
IFSP Annual Review (continued)	Send notification of Annual Redetermination of Eligibility Meeting using *(FS-14)* to appropriate IFSP team members	At least seven (7) calendar days prior to meeting date
	Ensure 5AA conducted and report available for meeting (refer to 6.22)	Provider has ten (10) calendar days to complete written report and enter into TOTS and KEDS and mail copy to parents
	Ensure six (6) month progress written and available for meeting	
	Review relevant information	
	Update RBI and financial information	
	Obtain parental consent for any new Early Intervention Services using *(FS-8)*	Schedule start date between the seventh (7^{th}) and thirtieth (30^{th}) calendar day from date of IFSP
Transition Conference	Held no later than ninety (90) days before the child's third birthday	
	Schedule meeting; invite participants using *(FS-14)* Representative of local school district must be invited.	At least seven (7) calendar days prior to meeting date
	Hold meeting; review program options for child after age three (3)	
	Identify steps and services required for both parents and child to move to new services at age three (3)	
	With parent consent on *(FS-10)*, release appropriate materials to school district to ensure continuity of services	
Exit IFSP	Schedule meeting; invite participants using *(FS-14)*	At least seven (7) calendar days prior to meeting date
	Hold meeting; verify parent's plan after exit from First Steps	
	Ensure Exit 5AA conducted and report available for meeting	Provider has ten (10) calendar days to complete written report and enter into TOTS and KEDS and

Service Coordination Activity Category	Activity	Timelines
Exit IFSP (continued)		mail copy to parents
	Ensure discharge summary written and available for meeting	
	Review child's progress/exit 5AA results	

Chapter 2: Public Awareness/Child Find

Federal Performance Indicators:

- **Indicator 1:** Percent of infants and toddlers with IFSPs who receive the Early Intervention Services on their IFSPs in a timely manner. Target 100%
- **Indicator 5:** Percent of infants and toddlers birth to one (1) with IFSPs compared to national data. Target .076%
- **Indicator 6:** Percent of infants and toddlers birth to three (3) with IFSPs compared to national data. Target 2.50%

Federal Regulations: 34 CFR 303.320 & 303.321

State Regulations: 902 KAR 30:110

Public Awareness materials developed by the State Lead Agency (SLA) are designed to inform parents with premature infants, or infants with other physical risk factors associated with learning or developmental complications, on the availability of Early Intervention Services. Other supplemental materials compiled by the POE also inform parents on the availability of Early Intervention Services. The POE works with the primary referral sources in their geographic area to develop procedures for disseminating public awareness materials and other information in such a way as to reach parents of children with suspected or confirmed disabilities or delays. POE efforts specifically target parents with premature infants, or infants with other physical risk factors associated with learning or developmental complications, on the availability of Early Intervention Services.

Each POE is required to submit a plan for Child Find on the *Child Find Plan (FS-28)* for approval by the SLA prior to implementing child find activities. Primary referral sources may include but are not limited to:

1) Local health department programs, including Early and Periodic Screenings, Diagnosis, and Treatment (EPSDT) programs;
2) Early Head Start and Head Start;
3) Homeless shelters;
4) Supplemental Security Income (SSI) programs;
5) Local Department for Community Based Services (DCBS**)** office for cases with a sustained or negligent complaint; and
6) Programs authorized through the Developmental Disabilities Assistance and Bill of Rights Act.

The *First Steps Referral Form (FS-1)* is included in the forms section of this manual. This referral form is distributed to the primary referral sources throughout the state.

Chapter 3: Procedural Safeguards

Federal Regulations: 34 CFR Subpart E (303.400 through 303.460)

State Regulations: 902 KAR 30:180

The procedural safeguards required by The Infants and Toddlers with Disabilities Program (Part C) of the Individuals with Disabilities Education Improvement Act (IDEA) are intended to protect the interests of families with infants and toddlers with special needs and of the Early Intervention System. Procedural safeguards are the checks and balances of the system, not a piece separate from the system. Rights and safeguards help ensure that an Individualized Family Service Plan (IFSP) is developed for families that address their priorities and concerns. For the Early Intervention System, rights and safeguards assure quality and equity. For families and for the system, procedural safeguards provide the protection of an impartial system for complaint resolution.

Early Intervention System personnel are legally obligated to explain procedural safeguards to families and to support an active adherence to and understanding of these safeguards throughout the Early Intervention System.

In order for families to be fully informed of their rights and safeguards, they also must understand the early intervention system and their role as partners and decision-makers in the early intervention process. They should be advised that the intent of Part C of IDEA is to enhance families' abilities to meet the special needs of their infants and toddlers by strengthening their authority and encouraging their participation in meeting those needs (Hurth & Goff, 2002).

Family Rights include:

An Evaluation

The law provides that all eligible children receive Early Intervention Services without regard to race, culture, religion, disability, or ability to pay. Eligibility is decided by an evaluation of the child within forty-five (45) calendar days of referral. The evaluation must be done by a multidisciplinary team of two (2) or more qualified professionals who examine the child's medical history, development, and current abilities. If the child is eligible for services, the child has the right to ongoing assessments of the child's strengths, skill levels, progress, and needs. The family has the right to a family-directed assessment of their resources, priorities and concerns. This family assessment is voluntary.

An Individualized Family Service Plan (IFSP)

Within forty-five (45) calendar days of the referral, each eligible child and family must have a written Individualized Family Service Plan (IFSP) for providing Early Intervention Services that includes the family's concerns, priorities, and resources for their child. The IFSP is written for a year and is reviewed at least every six (6) months. It includes the major outcomes for the child and family, how progress will be measured, when services will begin and for how long, methods of payment, and transition at various times throughout the process and upon the child's third birthday.

Educational Surrogate Parent (Representation of Children)

All children are represented by a parent/guardian or someone who is acting as a parent. In the cases where no parent can be identified, an educational surrogate parent is appointed and is afforded all rights allowed by Part C of IDEA. The educational surrogate may make decisions about the early intervention issues for the child. The person appointed as the educational surrogate is not an employee of the POE or any state agency that is involved in the care of the child and does not have any personal or professional interest that conflicts with the interests of the child. Additionally, the educational surrogate shall have knowledge and skills to ensure adequate representation of the child.

Parent Consent
Written parental consent must be obtained before conducting an assessment or beginning any Early Intervention Services. Parents may choose to not give consent for any particular service without jeopardizing any other services, and they may refuse a service at any time, even after accepting it, without affecting other Early Intervention Services.

Privacy-Confidentiality
The law provides for the protection of family privacy at all times. Written consent must be obtained before personally identifiable information is:

1) Disclosed to anyone other than officials of participating agencies collecting or using the information under First Steps; or,
2) If the information is to be used for any other purpose than meeting the requirements under First Steps.

Information released from records to participating agencies without parental consent may be done as authorized by the Family Educational Rights and Privacy Act (FERPA), Section 99.31.

Prior Notice
Parents must receive written notice before the public agency or service provider proposes or refuses to initiate or change the identification, evaluation, or placement of a child or the provision of Early Intervention Services to the child and the child's family. This notice must inform the parent of the action(s) being proposed or refused and the reason(s) for the action(s). The family must receive their procedural safeguards with the notice. Notices must be written in a way that is understandable to the general public. If English is not the native language of the family, the family has the right to receive information in their native language, unless it is clearly impossible to do so. If a family uses another method of communication, such as sign language or Braille, then they have the right to receive information in that way.

Review Records
Parents must be allowed to examine, inspect, and review records relating to their child and family. Parents may ask that records be amended and, if the Point of Entry (POE) disagrees, the parents may request a hearing to challenge the information contained in the file. If, as a result of the hearing, the information is found to be inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the public agency will change the information accordingly and inform the parents in writing.

Mediation
Parents are offered the opportunity to use mediation to resolve concerns before going to a due process hearing. This is voluntary and does not take away the right to a due process hearing. Mediation services are at no cost to the family. Both parties who will be participating in the mediation agree to a trained mediator selected from a list maintained by the Administrative Hearings Branch of the Cabinet for Health and Family Services. The mediation session will be scheduled at a location and time mutually agreed upon by the parties. No more than three (3) people can accompany each party to the session unless both parties mutually agree to allow more. Attorneys are not allowed to participate or attend the mediation session. Parents may be accompanied by a lay advocate.

All discussions held during the mediation are confidential and cannot be used later as evidence in a due process hearing or civil action. Mediation must be completed within thirty (30) calendar days of the decision to mediate. Mediation is requested by submitting the *Mediation/Due Process Request (FS-21).*

Administrative Appeal (Due Process or Individualized Child Complaint Resolution)
Families have the right to resolve, through a procedure called due process, concerns about their child's identification (eligibility), evaluation, placement, or the provision of Early Intervention

Services. A request for a due process hearing may arise from the proposal or refusal of a service provider to initiate or change the identification, evaluation, placement, or provision of Early Intervention Services.

To initiate a due process hearing, a written request with a statement of the concerns must be submitted on the *Mediation/Due Process Request (FS-21)* to the Administrative Hearings Branch of the Cabinet for Health and Family Services. Parents are offered the opportunity to use mediation to resolve concerns before going to a due process hearing. Should the family decide that they do not want mediation services; a due process hearing will be held to review their concerns. The due process hearing will be held at a time and place that is reasonably convenient to the family. Within fifteen (15) calendar days of receipt of the request for a due process hearing, the family will be notified if a hearing is warranted. If so, the hearing will be held.

The hearing will be conducted by a hearing officer named by the Secretary of the Cabinet. This hearing officer shall be knowledgeable of services for infants and toddlers and shall not be an employee of any state agency or service providers responsible for providing Early Intervention Services to the child. There shall not be any personal or professional conflict of interest that would affect the hearing officer's objectivity in making a decision.

At the hearing parents may be accompanied and advised by counsel and by individuals with special knowledge or training in Early Intervention Services for children with disabilities. Parents may present evidence and confront, cross-examine, and compel the attendance of witnesses. At the hearing parents may prohibit the introduction of evidence that has not been disclosed to them at least five (5) calendar days prior to the hearing. A record of the proceedings will be maintained. A written or verbatim transcription of the proceedings may be obtained.

The hearing officer will listen to the presentation of the parties involved, examine relevant information, and reach a timely resolution. Both parties will receive a copy of this decision in writing. If parents disagree with the final decision, they have the right to bring civil action. This action may be brought in a state or federal district court.

During these proceedings, unless otherwise agreed to by the parents and the agency, the child will continue to receive the Early Intervention Services that were being provided at the time the request for due process hearing was made.

Complaints to the State Lead Agency

If any person or organization believes a responsible public agency has violated any state or federal regulation implementing Part C of the IDEA, a signed, written child complaint may be filed with the Cabinet for Health and Family Services by submitting the *First Steps Complaint Form, FS-20*. The complaint must include a statement that the agency has violated a requirement of IDEA and the facts on which the statement is based. The complaint must allege a violation that occurred not more than one year prior to the date that the complaint was received unless a longer period is reasonable because the violation is continuing, or the complainant is requesting compensatory services for a violation that occurred not more than three years prior to the date the complaint is received.

The complaint is investigated and resolved within sixty (60) days and a written decision that addresses each allegation in the complaint with finding of fact conclusions and the reasons for the Department's final decision will be sent to the party filling in the complaint.

In resolving a complaint in which it has found the agency out of compliance, the Department shall address how to remediate the violation, including, as appropriate, the awarding of monetary reimbursement or other corrective actions appropriate to the needs of the child and appropriate future provision of services for the child and appropriate future provision of services for all children with disabilities. If needed, technical assistance activities and negotiations will be undertaken.

3.1 Procedures for Assigning Educational Surrogate Parent

Service Coordinators must ascertain if an educational surrogate parent is required by completing the *Surrogate Parent Identification of Need (FS-23)*. This form must be completed for all children at the point of referral.

If a child is determined to need an educational surrogate parent, the Service Coordinator notifies the POE Manager. The POE Manager then contacts the State Lead Agency (SLA) for assistance with assigning an educational surrogate parent.

Understanding Procedural Safeguards: Examples of Explanations and Implications for Families

Prior Written Notice
The early intervention program must give you advance written information about any evaluations, services, or other actions affecting your child. Parents know their children best. The information you share with us will make sure that the evaluations and services are right for you. The "paper work" assures that you get all the details *before* any activity.

Use of Native Language or Preferred Mode of Communication
It is your right to thoroughly understand all activities and written records about your child. If you prefer another language or way of communicating [explain relevant option, such as Braille, sign language, etc.], we will get an interpreter [use your mode of communicating], if at all possible. The early intervention program wants you to understand so that you can be an informed team member and decision-maker.

Parent Consent
The early intervention program needs your permission to take any actions that affect your child. You will be asked to give your consent in writing before we evaluate or provide services. Be sure you completely understand the suggested activities. By being involved, you can help the early intervention program plan services that match your family's preferences and needs. The early intervention program needs to explain what happens if you give your consent and if you do not give your consent.

Confidentiality and Release of Information
The early intervention program values the information you and other service and health care providers have learned about your child. We will ask others for this information, but we need your written permission to do so. Just as the early intervention program needs your permission to get your child's records from other providers, the records that the early intervention program will develop will not be shared with anyone unless you give your permission.

Examine Records
The early intervention record is your family's record. You can see anything in the early intervention program's records about your child and family. If you do not understand the way records are written, the information in the child's record will be explained to you in a way you understand. You are a team member and we want you to have the same information as other team members.

Accept or Decline Services Without Jeopardy
With the other members of your child's early intervention team, you will consider which services can best help you accomplish the outcomes that you want for your child and family. You will be asked to give your consent for those services that you want. You do not have to agree to all services recommended. You can say no to some services and still get the services that you do want. If you decide to try other services at a later date, you can give your consent then.

Mediation
If you and the early intervention team do not agree on plans or services, or if you have other complaints about your experience with the program, there are procedures for resolving your concerns quickly. When informal ways of sharing your concerns don't work, you may submit a written request for a due process hearing. Mediation will be offered as a voluntary first step. A trained, impartial mediator will facilitate problem- solving between you and the early intervention program. You may be able to reach an agreement that satisfies you both. If not, you can go ahead with a due process hearing to resolve your complaint. Mediation will not slow down the hearing process. Some locations offer mediation before a formal complaint is filed.

Due Process Procedures
A due process hearing is a formal procedure that begins with a written request for a due process hearing. The hearing will assure that a knowledgeable and impartial person, from outside the program, hears your complaint and decides how to best resolve it. The early intervention program recognizes your right to make decisions about your child and will take your concerns seriously. You are given a copy of regulations that describe all these rights and procedures in detail, because it is important that you understand.

Hurth & Goff (June 2002)

References: Hurth, J.L. & Goff, P. (2002), *Assuring the family's role on the early intervention team: Explaining rights and safeguards (2nd ed.).* Chapel Hill, NC: National Early Childhood Technical Assistance Center.

3.2 Language Access-Native Language

The Commission for Children with Special Health Care Needs (CCSHCN) serves as the fiscal agent for language access services in First Steps. The Cabinet for Health and Family Services (CHFS) requires all programs within the Cabinet to ensure language access services for individuals with limited English proficiency (LEP) for meaningful participation in the programs offered by CHFS. This can be accomplished by the Service Coordinator and/or early intervention provider having the skills to communicate effectively with the family or through use of a CHFS qualified language interpreter. Language access to services must be provided as needed for all services provided in First Steps. Qualified interpretation services must be provided without unreasonable delay and at no cost to the family. First Steps is responsible for providing qualified interpreting services for only those services provided and/or funded through First Steps.

3.2.1 Procedures for Ensuring Language Access: POE Responsibilities

1) Availability of Interpretation Services—
   POE Offices
   a. Every POE office should display an *"I Speak" Language Selection Card*, used to indicate what language is spoken.
   b. The *Notice of Language Access Services* should also be displayed that informs families that an interpreter will be provided free of charge.

   POE Staff
   c. All POE staff who conduct home visits should carry *"I Speak" Language Selection Cards* to use with the family to determine what language is the primary language for communication and if different, what language is used for learning.
   d. Families are to be given a *Notice of Language Access Services* which informs the family that an interpreter will be provided free of charge.

2) Providing language access for contacts with families—
All interpreting services will be provided through use of a CHFS qualified interpreter who is under contract with the CCSHCN.
   a. Interpreting services are provided at no cost to the family or early intervention provider. Families should be given a copy of the Know Your Rights language access brochures, available through CHFS.
   b. Information regarding the need for and type of interpreter will be documented in TOTS. The POE staff will indicate this on the demographic screen by choosing the appropriate language for TOTS items number eight (8) and number nine(9). Documentation of the language used for learning must be accurate to ensure meaningful access to services.
   c. All children who have "Interpretation is needed" checked in TOTS item number eight (8), must have an interpreter. Documentation must be accurate.
   d. Each child and family who requires Spanish interpreting services and the Service Coordinator and/or early intervention provider is not bilingual, will be assigned an interpreter by the POE staff before any First Steps service begins. This may be at the point of inquiry or referral for some children.
   e. POE staff must choose a Spanish interpreter from the list of CCSHCN contracted interpreters. CCSHCN cannot pay anyone who does not hold a valid contract with CCSHCN.
   f. Once the need for language access by an interpreter is established, POE staff contact a CCSHCN interpreter to schedule services. The CCSHCN interpreter then contacts the designated contact at CCSHCN.
   g. If the language access needed is for a language other than Spanish, the POE staff must call the designated person at CCSHCN for the assignment of an appropriate interpreter.

3) Waiving Rights to an Interpreter
   a. Families are not asked to use other family members or friends for interpreting.

b. If the person with Limited English Proficiency declines free service and asks to use a relative or friend, staff must document in the child's file that the offer was declined. This is accomplished by the family signing the *Waiver of Interpreter Services (FS-34)* and the family's decision is recorded in TOTS.
    - A copy of the *Waiver of Interpreter Services (FS-34)* is given to the family with the signed original maintained in the child's hard file.
    - The waiver of interpreter services may be rescinded at any time.

c. If a family refuses a specific interpreter, CCSHCN will attempt to find a replacement, but does not guarantee a replacement.

3.2.2 Procedures for Ensuring Language Access: Early Intervention Provider Responsibilities

The Cabinet for Health and Family Services (CHFS) requires all programs within the Cabinet to ensure language access services for individuals with Limited English Proficiency (LEP) for meaningful participation in the programs offered by CHFS. This can be accomplished by the early intervention provider having the skills to communicate effectively with the family themselves or through use of a CHFS qualified language interpreter. Language access to services must be provided as needed for all services provided in First Steps. Qualified interpretation services must be provided without unreasonable delay and at no cost to the family.

Early intervention providers, as independent contractors for First Steps, are responsible for providing language access for all children and families they serve. The State Lead Agency will cover this cost for early intervention providers at this time. This is not an obligation of the State Lead Agency.

Providing language access for contacts with children and families:

1) The Service Coordinator must check the box "Interpretation is needed" on item number eight (8) of the demographic screen.
2) The Service Coordinator establishes the language preferred by the parent for learning on item number nine (9) of the demographic screen in TOTS.
3) When item number nine (9) is checked, this becomes a flag on the planned services page of the IFSP as well as on subsequent screens for service logs.
4) The Service Coordinator will assign the Spanish interpreter from the list of qualified interpreters provided by the Commission. All scheduling for service visits and meetings will be handled by the interpreters. If the language requirement is for a language other than Spanish, the POE will fax or email the Commission with the TOTS ID and an interpreter will be assigned to the case.
5) Early intervention providers must document that interpretation was provided by choosing one (1) of the options on the service log screen.
6) When the provider chooses "interpretation by interpreter", there will be a drop-down list of qualified interpreters. The provider selects the name of the appropriate interpreter. This action will create the invoice for payment of the interpreter.
7) If the provider cancels the scheduled appointment, there must be twenty-four (24) hour notice provided to the interpreter assigned to the family.

Chapter 4*:* Kentucky's System of Payments

Federal Regulations: 34 CFR 303.520, 303.521 & 303.527

State Regulations: 902 KAR 30:200

Early Intervention Services are costly and depend upon a variety of funding sources for support. The Individuals with Disabilities Education Improvement Act (IDEA) requires that Part C be the payor of last resort and requires that Part C funds only be used for Early Intervention Services that an eligible child needs but is not currently entitled to under any other Federal, state, local or private source. First Steps' system of payments includes:

1) Family Share Participation fees;
2) Private insurance with consent of the family;
3) Medicaid;
4) Kentucky Early Intervention System funds (general revenue);
5) Tobacco Settlement funds; and
6) Part C federal funds.

Families are a part of the team who determine what Early Intervention Services are needed to address the outcomes on the IFSP and needs of the child. Service Coordinators are responsible for obtaining financial information from the family and ensuring that funding sources for each Early Intervention Service is identified. Certain services are provided by First Steps at no cost to families. These services include: screening (Child Find activities), service coordination, evaluation and assessment, IFSP development and implementation of procedural safeguards.

4.1 Ability to Pay

All families enrolled in First Steps are assessed for ability to pay. Ability to pay is the determination of a family's financial ability to help defray the cost of Early Intervention Services. Families contribute to the payment of costs by consenting to bill private insurance and paying Family Share Participation fees. During the process of determining ability to pay, families are informed of their right to refuse any service, their right to have the family share cost reviewed, and their right to refuse consent for billing private insurance. Additionally, families are informed of the services provided at no cost to them.

Inability to pay is the determination that a family is not able to help defray the cost of Early Intervention Services. Placement on the sliding fee scale at $0 indicates an inability to pay. Children currently enrolled in Medicaid are assumed to have an inability to pay for purposes of receiving Early Intervention Services through First Steps and are not charged a Family Share Participation fee.

Families can request a review of their ability to pay when there is a change in income or increased costs due to the illness/hospitalization of the First Steps enrolled child. Depending upon the results of the review, the Family Share Participation fee may be lowered, suspended, or waived. Families must complete the *Family Share Inability to Pay Exemption Request (FS-24)* which is submitted to the Family Share Administrator at the State Lead Agency.

4.2 Financial Verification

One of the duties of the Service Coordinator is to explain the financial responsibilities of families in First Steps and collect financial information when conducting the initial home visit. This information is used to determine the family's ability to pay.

1) Family documentation of income and allowable expenses occur upon entry to First Steps, six (6) month review, annual review and at other times when requested by the family.

2) The Service Coordinator determines the members of the household using the following definition: "Household" means a single housing unit which is legally considered the residence of one (1) or more persons who might or might not be related. "Legally," in the context of the aforementioned definition, means a person identifies that residence as his/her address. **Note: Unborn children cannot be counted as a member of the household until they are born.*

3) The Service Coordinator collects the household earned income information in one (1) or more of the following ways:
   a. The Service Coordinator notes the most recent U.S. Individual Income Tax Return for the *Adjusted Gross Income* of each member identified in the household to verify a sum total of the household earned income. If the U.S. Individual Income Tax Return cannot be produced or it is not accurate of the current earned income situation, the federal taxable gross column on the last four (4) consecutive or last two (2) bi-monthly pay stubs of each identified member who has a household earned income may be used to calculate and verify the sum total of the household earned income.
   b. If the identified members have income that does not require tax returns, then it cannot be counted as earned income (i.e. Social Security benefits, SSI benefits, WIC or Food Stamps, child support, unemployment benefits), and does not have to be recognized.
   c. If the child has a Kentucky Medical Card or KCHIP, the household earned income is verified.
   d. A notarized letter of income verification shall be supplied by the employer when a pay stub or tax return cannot be produced.

4) Any of the identified household members may have their earned income verified by the Family Share Administrator located at First Steps State Lead Agency, by completing the *Financial Assessment Verification (FS-13)* instead of verification by the Service Coordinator.

5) Failure or refusal to submit household earned income for verification will result in a $100 Family Share Participation fee.

4.3 Family Share Participation Fee

Family Share is one category within the system of payments for the Kentucky Early Intervention System (KEIS). The Family Share requires families to share in the cost of their Early Intervention Services. Family Share is not dependent upon the consent for use of private insurance. Based on the family's household size and household earned income, and using a sliding fee scale, First Steps calculates the payment amount using the annual federal poverty guideline. The amount of the fee is not related to the number or frequency of services received by the child. During the child's enrollment in First Steps, the family is obligated to pay the Family Share Participation fee. This monthly participation fee begins the same month Early Intervention Services start and continues until the month of the last Early Intervention Service session.

Monthly invoices for Family Share are generated based upon the early intervention billing data. It is critical that Family Share information is updated when a child becomes covered by Medicaid or the family will receive invoices in error.

4.4 Calculation of Family Share

The Service Coordinator takes the total number of identified members of the household and the sum total of the verified household earned income and calculates the applicable monthly payment fee using the current published First Steps Family Share Sliding Fee Scale. The scale ranges from $0 to $100 per month.

On the financial support page in TOTS, the Service Coordinator enters the household size and income. For families living with friends or relatives the household size and income is based upon the household size and income that is reported on federal tax forms. If the living arrangement is permanent then all members of the household must be considered for earned income assessment.

If at any time during the duration of the IFSP the financial information is updated, the Service Coordinator forwards the revised financial information via email or fax to the Family Share Administrator located at the First Steps State Lead Agency.

4.5 Family Share and Multiple Children in First Steps

Families will pay the fee based on one (1) child only, regardless of how many siblings are enrolled in First Steps.

4.6 Family Share and Medicaid

If the child has the Kentucky Medical Card or KCHIP, the child automatically will be in the financial category one (1) (which equals a $0 Family Share Participation fee). This also applies to families with multiple children enrolled in First Steps, and at least one (1) child is covered by Medicaid or KCHIP.

4.7 Joint Custody Family Share Calculation

To determine the Family Share Participation fee in a case of joint custody, verify the earned income and household size of the parent who is the responsible party regarding the child's educational and medical care.

4.8 Family Share Calculation for a Child in Foster Care

When a child in foster care is referred, the social worker shall be contacted before proceeding further to verify the child's legal status. Children who are verified as wards of the state shall be entered as family size of one and income of $0 on the financial page in TOTS. Children in foster care and whose parents have not had parental rights terminated shall be entered as family size of one (1) and income of $0 on the TOTS financial page.

4.9 Family Share and Families on Active Military Duty at Fort Campbell or Fort Knox

Families who are on active duty assigned to Fort Campbell or Fort Knox and are on the waiting list for base housing may have Family Share fees waived. Complete the *Family Share Temporary Suspension or Waiver Request (FS-25)* and attach the official letter from the base documenting that the family is on the waiting list for housing. Fees may be waived for three (3) consecutive calendar months. At the end of that period, if the family continues to be on the waiting list, the form and letter are resubmitted for approval.

4.10 Family Share Payments in Arrears

If a family has the ability to pay the Family Share but fails to do so for three (3) consecutive calendar months, the family shall receive those services provided at no cost until discharged from the program or the Family Share balance is paid in full, whichever occurs first. The Service Coordinator will be notified through TOTS of this situation so that a *Notice of Action Family Share (FS-26)* can be issued to the parent at sixty (60) calendar days in arrears. Service Coordinators will also notify providers of the potential date for suspension of services.

If the full balance is not paid in full in ninety (90) calendar days, the Service Coordinator will contact all providers on the plan and suspend services. Services may resume once the balance is paid in full.

4.11 Suspension of Family Share

The Family Share Participation Fee can be suspended for the following reasons:

1) a valid *Family Share Temporary Suspension or Waiver Request (FS-25)* has been approved;
2) verification of bankruptcy;
3) valid *Family Share Inability to Pay Exemption Request (FS-24)* is approved;
4) periods of time an enrolled child is covered by Medicaid.

Family Share Participation fee is stopped the month a child becomes deceased.

4.12 Family Hardship Review

Family Share is not intended to place undue hardship on the family. If the family reports that they are unable to pay their identified Family Share Participation fee, then consideration is given to either reducing or eliminating the fee by:

1) Completing a *Family Share Temporary Suspension or Waiver Request (FS-25)*, explaining the situation to the Family Share Administrator of the First Steps State Lead Agency and recommending delay. Eligibility for suspension is in increments up to three (3) consecutive calendar months.
    a. This request is available for families experiencing illness/hospitalization by the

participating child.

b. In instances of job loss that significantly reduces the household income,

2) Completing a *Family Share Inability to Pay Exemption Request (FS-24)*. Eligibility for suspension is in increments up to three (3) consecutive calendar months.

4.13 Use of Private Insurance

Service Coordinators must review the benefits of using insurance for Early Intervention Services. These benefits include the claims will be applied to annual deductibles, First Steps will cover the co-pays and families will not lose any lifetime benefits of the policy. The Service Coordinator must obtain written consent for use of insurance. The parents must complete the *Consent for Use of Private Insurance (FS-12).*

If the family does not consent to the use of private insurance to support the costs of Early Intervention Services, the family is informed that the only services provided by First Steps are those services at no cost to families: screening (Child Find activities), service coordination, evaluation and assessment, IFSP development and implementation of procedural safeguards.

The Service Coordinator collects information regarding the family's insurance status and enters the information into TOTS. The following information must be current on the financial page in TOTS:

1) Name of Primary insurance company
2) Policy number
3) Policy effective date
4) Group number
5) Policyholder's name
6) Policyholder's relationship to insured
7) Policyholder's employer
8) Policyholder's Social Security number
9) Policyholder's date of birth

This information is also collected if the family holds a secondary insurance policy.

4.14 Use of Public Insurance (Medicaid)

Families who have a child who is potentially eligible for Medicaid are encouraged to apply for this public insurance. Service Coordinators must check that the Medicaid coverage is current and encourage families to re-apply for Medicaid when eligibility expires. Families will be assessed and charged a Family Share Participation fee if Medicaid coverage lapses and they do not re-apply.

Parents of children who are dually covered by private insurance and Medicaid must give consent for the use of insurance. This is a requirement of Medicaid that families agreed to when enrolling in Medicaid.

Chapter 5: Inquiry/Referral

Children referred to the POE are processed through intake either as an inquiry or referral. Upon receiving a written or verbal inquiry/referral from sources other than the parents, POE staff confirms that the parents know the inquiry/referral was made to the POE.

Inquiries are notifications to the POE of children who have a possible developmental concern that needs further clarification.

Referrals are made on children who meet the following criteria:

Federal Performance Indicators:

- **Indicator 5:** Percent of infants and toddlers birth to one (1) with IFSPs compared to national data. Target .76%
- **Indicator 6:** Percent of infants and toddlers birth to three (3) with IFSPs compared to national data. Target 2.50%

Federal Regulations: 34 CFR 303.320 & 303.321

State Regulations: 902 KAR 30:110

1) Child is under the age of three (3) years;
2) Child is a resident of Kentucky and/or the POE geographic region or is homeless and located within the boundaries of the Commonwealth of Kentucky and/or POE geographic region; and,
3) Child has an Established Risk Condition or a developmental concern that has been confirmed through the administration of a Cabinet-approved screening instrument.

5.1 Intake

1) Each POE shall have staff designated to take incoming phone calls. Individuals interested in services for a child must provide the following information:

Age of child	Must be under three (3) years of age
Prematurity status	Gestational age (or # of weeks born early) determined by parental or referral source report
Location/address of residence	Must be within Kentucky boundaries
Primary language	Must identify if an interpreter is needed
Possible Established Risk Condition	Identify the possible condition
Parent(s) name or caretaker	
Telephone number	If no telephone number, identify alternative way to contact family

Inquiries/referrals for children within the age range of two years, ten and one-half months (2 yrs., 10.5 mo.) to three (3) years of age are not accepted for First Steps due to the inability to determine eligibility within timelines prior to aging out at age three (3). If the inquiry/referral is not from the parent, verify if the parent is aware of the inquiry/referral to First Steps. The POE must notify all parents who are aware of the inquiry/referral in writing that due to the child's age at time of referral there will be no evaluation to determine First Steps eligibility (*Notice of Action without Consent (FS-9*)). The POE is responsible for connecting the parent with the appropriate school district or other community resource such as Head Start to inquire about services for the child at age three (3).

2) If the inquiry meets the age and residency criteria, the POE staff contacts the family within five (5) working days of receipt of the inquiry.

3) TOTS is checked for a current record by using the child search feature. If no record is found, one (1) is opened by clicking the "add new child" button. Complete the demographic and parent screen as appropriate and enter the date the screening instrument was mailed to the family on the screening page.

   If child name is found in TOTS:

   a. verify same child;
   b. check for inactive or active status;
   c. if inactive, the District Administrator or designee will reactivate the record and verify phase of the process the child is in.

   If inquiry is for child already in First Steps, no other action is needed.

4) If the POE is unable to contact the family by telephone or in writing within ten (10) working days of the receipt of the inquiry, a follow-up letter is sent to the family using the *Unable to Contact Referral Letter (FS-4).* The inquiry is considered closed at this point.

5) Once the family is contacted and agrees to a screening, the request is forwarded to the individual designated to conduct the screening and an appropriate screening instrument is mailed to the family.

6) When a family is not interested in screening, the refusal of service is documented and the inquiry closed.

7) The screening instrument is completed by the POE staff in conjunction with the family. The District Child Evaluation Specialist (DCES) typically conducts screening for the POE.

5.2 Screening

The DCES reviews the information known about the child before conducting the screening. For inquiries concerning children with an Established Risk Condition, the DCES contacts the family and obtains consent to request medical records that include confirmation of the child's diagnosis. The *Consent to Release/Obtain Information (FS-10)* is used for this purpose. Once consent is obtained, the DCES sends the *Established Risk or Medically Fragile Verification Form (FS-22)* to the appropriate physician.

Upon verification of the Established Risk Condition, a Service Coordinator is assigned to the referral and the DCES conducts the 5AA. The DCES also enters the diagnosis as a health assessment on the evaluation and assessment screen in TOTS. No screening is conducted.

The DCES screens the child using the Cabinet-approved screening protocol if the Established Risk Condition is not verified. Subsequent actions depend upon screening results.

Screening Actions

	Screen	Do not screen	Other action
Child with a valid screening instrument no older than thirty (30) calendar days with results indicating at least one (1) score in the referral zone		**X**	Assign the child to a Service Coordinator for actions leading to an evaluation
Child deemed eligible by Neo-Natal Intensive Care Unit (NICU) follow-up team		**X**	Assign the child to a Service Coordinator
Child has a suspected developmental delay	**X**		Analyze and share results of screen
Child is less than one (1) month chronological age		**X**	Assign the child to a Service Coordinator

Child is less than one (1) month corrected age		**X**	Assign the child to a Service Coordinator and refer child to the appropriate NICU follow-up program
Child is less than six (6) months corrected age and older than one (1) month corrected age	**X**		If screening confirms a developmental concern, assign a Service Coordinator and refer child to the appropriate NICU follow-up program
Child is between the ages of two years and nine months and two years, ten and one-half months (2 yrs., 9 mo. – 2 yrs., 10.5 mo.)	**X**		If screening confirms a developmental concern, assign the child to a Service Coordinator
Child is two years, ten and one-half months (2 yrs., 10.5 mo.) old or older, meets the residency criteria and has not been screened by another agency in the last thirty (30) calendar days		**X**	Refer the parent to the local school district

5.3 Screening Results and Actions

The screening instrument is scored and one (1) of the actions below is taken:

1) Results fall in the "no concerns" area; child is not evaluated.
   - Send a *Family Letter for Screen Passed (FS-2)* and a *Notice of Action without Consent (FS-9)* that states there will be no evaluation. Enclose the following resources: First Steps Parent's Rights brochure, a list of local resources for families and children, *Building a Strong Foundation for School Success Parent Guide* and appropriate developmental activities.
   - Document results in TOTS on the screening page.

2) Results fall in both the "no concerns" area and the "monitoring" area
   a. If there is only one domain with scores in the "monitoring area", child is not evaluated.
      - Send the parents a *Family Letter for Monitoring Area (FS-35)* and a *Notice of Action without Consent (FS-9)* that states there will be no evaluation. Enclose the following resources: First Steps Parent's Rights brochure, a list of local resources for families and children, *Building a Strong Foundation for School Success Parent Guide* and appropriate developmental activities.
      - Document results in TOTS on the screening page.
   b. If there are two (2) or more domains with scores in the "monitoring area", child is referred to evaluation.
      - Send the parents a *Family Letter for Screening Referral for PLE (FS-3)* letter that there is a need for further assessment. Enclose the following resources: First Steps Parent's Rights brochure , a list of local resources for families and children, *Building a Strong Foundation for School Success Parent Guide* and appropriate developmental activities.
      - Document results in TOTS on the screening page.
      - Assign Service Coordinator who will implement the next steps for evaluation (obtain consent, etc).

3) Results fall in the "referral for evaluation" area; child is referred to evaluation.
   a. Send the parents a *Family Letter for Screening Referral for PLE (FS-3)* letter that there is a need for further assessment. Enclose the following resources: First Steps Parent's Rights brochure, a list of local resources for families and children, *Building a Strong Foundation for School Success Parent Guide* and appropriate developmental activities.
   b. Document results in TOTS on the screening page.

c. Assign Service Coordinator who will implement the next steps for evaluation (obtain consent, etc).

Note: If the child is two years, ten and one-half months (2 years, 10.5 months) of age or older, refer the child and family to the local school district for eligibility determination for Part B services. Do not evaluate. The POE must provide the parent with a *Notice of Action without Consent (FS-9*) stating that eligibility procedures cannot be completed within time lines due to the child's age. The POE is responsible for connecting the parent with the appropriate school district or other community resource such as Head Start to inquire about services for the child at age three (3).

5.4 DCBS Inquiries/Referrals

POEs receive inquiries, or what other agencies may call a referral, for children under the age of three (3) for whom there is a developmental concern. DCBS refers children who are receiving services from that agency to First Steps. DCBS typically refers children who have had any of the following life experiences:

- Child was/is exposed to drugs
- Child tested positive for drugs at birth
- Child was/is exposed to violence in the home
- Child is a victim of abuse or neglect

The POE acts upon inquiries when a developmental concern is identified by the individual making the inquiry. A developmental concern is one where at least one area of development is specified as possibly delayed. A referral for evaluation to determine eligibility is made when all criteria for a referral are met.

The Child Abuse Prevention and Treatment Reauthorization Act of 2010 (CAPTA) is the primary federal legislation addressing child abuse and neglect that sets forth a minimum definition of child abuse and neglect and authorizes federal funding to states in support of prevention, identification, assessment, investigation and treatment activities. Under the recent reauthorization of this law, states are mandated to report the annual number of children under the age of three who are substantiated as abused or neglected that were eligible for referral and actually referred, for early intervention services under Part C of the Individuals with Disabilities Education Act (IDEA).

The Individuals with Disabilities Education Act (IDEA) 2004 requires states participating in Part C to refer for early intervention services any child under the age of three (3) who is involved in a substantiated case of child abuse or neglect and/or is identified as affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure. All children referred from DCBS/foster parents with a developmental concern must be screened with both the ASQ-3 and the ASQ: SE as appropriate for age. (ASQ: SE begins at age three (3) months, ASQ-3 begins at age one (1) month).

5.4.1 DCBS Inquiry Received at the POE Office from DCBS or Foster Parent and There is No Developmental Concern identified by the Referral Source

a. TOTS is checked for a current record by using the child search feature. If there is an active case, no further action is needed.
b. If there is no active case found, no further action is needed in TOTS. No screening is conducted by the DCES due to no developmental concern for the child identified by the referral source.
c. Send the *Unable to Process Referral Letter* (*FS-36)* to appropriate DCBS worker.
d. File the referral form and a copy of the *Unable to Process Referral Letter* (*FS-36)* in the informal inquiry log at the POE office. No information is documented in TOTS.

5.4.2 DCBS Inquiry Received at the POE Office from DCBS or Foster Parent and There is a Developmental Concern Identified by the Referral Source. Child is Under the Age of Three (3), a Resident of Kentucky, and Does Not Have an Established Risk Condition

a. Family/guardian is contacted within five (5) working days of receipt of the inquiry.

b. TOTS is checked for a current record by using the child search feature. If no record is found, one is opened by clicking the "add new child" button. Complete the demographic page. Item number twelve (12) on the demographic page is marked "yes" if the referred child is the subject of a substantiated case of abuse/neglect. Item number twelve (12) is marked "no" if the child is not the subject of a substantiated case of abuse/neglect. (DCES may need to contact the appropriate DCBS worker to determine status of item number twelve (12)). Item number thirteen (13) will indicate if the child is living in home or out of home. Complete the parent screen as appropriate and enter the date the screening instrument(s) was mailed to the family/guardian on the screening page.

   i. If child's name is found in TOTS:
      - verify same child;
      - check for inactive or active status;
      - if inactive, the District Administrator or designee will reactivate the record and verify phase of the process the child is in.

   ii. If inquiry is for child already in First Steps, no other action is needed.

c. If the POE is unable to contact the family by telephone or in writing within ten (10) working days of the receipt of the inquiry, a follow-up letter is sent to the family using the *Unable to Contact Referral Letter (FS-4).* A copy of this letter should go to the DCBS worker assigned to the child. The inquiry is considered closed at this point.

d. Once the family/guardian is contacted and agrees to a screening, the request is forwarded to the individual designated to conduct the screening and the appropriate screening instrument(s) is mailed to the family. For DCBS inquiries, both the ASQ-3 and ASQ: SE is conducted. Not all children will fall in the appropriate age range for both ASQ instruments. Only send both instruments when age is appropriate. (ASQ:SE begins at age three (3) months, ASQ-3 begins at age one (1) month).

e. When a family/guardian is not interested in screening, the refusal of service is documented and the inquiry closed. With parent/guardian consent, the DCBS worker can be notified of the refusal. Consent must be documented in the communication log in TOTS.

f. The screening instrument(s) is completed by the POE staff in conjunction with the family/guardian. The District Child Evaluation Specialist (DCES) typically conducts screening for the POE. Actions to take based on the screening results are:

   i. Screening results fall in the "no concern" area on the ASQ-3 **and** in the "no concern" area on the ASQ: SE: child is not evaluated. Send a *Family Letter for Screen Passed (FS-2)* and a *Notice of Action without Consent (FS-9)* that states there will be no evaluation. Enclose the following resources: First Steps Parent's Rights brochure, a list of local resources for families and children, *Building a Strong Foundation for School Success Parent Guide* and appropriate developmental activities. Document results in TOTS on the screening page.

   ii. Screening results fall in the "no concern" area on the ASQ-3 **and** in the "at risk" area on the ASQ: SE: child is referred for evaluation. Send the *Family Letter for Screening Referral for PLE (FS-3)* stating that there is a need for further assessment. Enclose the following resources: First Steps Parent's Rights brochure, a list of local resources for families and children, *Building a Strong Foundation for School Success Parent Guide* and appropriate developmental activities. Assign a Service Coordinator. Document results in TOTS on the screening page.

   iii. Screening results fall in both the "no concerns" area and only one (1) in the "monitoring area" on the ASQ-3 **and** the "no concern" area on the ASQ: SE: child is not evaluated. Send the parents a *Family Letter for Monitoring Area (FS-35)* and a *Notice of Action without Consent (FS-9)* that states there will be no evaluation. Enclose the following resources: First Steps Parent's Rights brochure, a list of local resources for families and children, *Building a Strong*

Foundation for School Success Parent Guide and appropriate developmental activities. Document results in TOTS on the screening page.

iv. Screening results fall in both the "no concerns" area and only one (1) in the "monitoring" area on the ASQ-3 **and** the "at risk" area on the ASQ: SE: child is referred for evaluation. Send the *Family Letter for Screening Referral for PLE (FS-3)* stating that there is a need for further assessment. Enclose the following resources: First Steps Parent's Rights brochure, a list of local resources for families and children, *Building a Strong Foundation for School Success Parent Guide* and appropriate developmental activities. Assign a Service Coordinator. Document results in TOTS on the screening page.

v. Screening results indicate two (2) or more domains with scores in the "monitoring" area on the ASQ-3 **and** in the "no concern" area of the ASQ: SE: child is referred for evaluation. Send the *Family Letter for Screening Referral for PLE (FS-3)* stating that there is a need for further assessment. Enclose the following resources: First Steps Parent's Rights brochure, a list of local resources for families and children, *Building a Strong Foundation for School Success Parent Guide* and appropriate developmental activities. Assign a Service Coordinator. Document results in TOTS on the screening page.

vi. Screening results indicate two (2) or more domains with scores in the "monitoring" area on the ASQ-3 **and** in the "at risk" area on the ASQ: SE: child is referred for evaluation. Send the *Family Letter for Screening Referral for PLE (FS-3)* stating that there is a need for further assessment. Enclose the following resources: First Steps Parent's Rights brochure, a list of local resources for families and children, *Building a Strong Foundation for School Success Parent Guide* and appropriate developmental activities. Assign a Service Coordinator. Document results in TOTS on the screening page.

vii. Screening results fall in the "referral for evaluation" area on the ASQ-3 **and** in the "no concern" area of the ASQ: SE: child is referred to evaluation. Send the *Family Letter for Screening Referral for PLE (FS-3)* stating that there is a need for further assessment. Enclose the following resources: First Steps Parent's Rights brochure, a list of local resources for families and children, *Building a Strong Foundation for School Success Parent Guide* and appropriate developmental activities. Assign a Service Coordinator. Document results in TOTS on the screening page.

viii. Screening results fall in the "referral for evaluation" area on the ASQ-3 **and** in the "at risk" area on the ASQ: SE: child is referred for evaluation. Send the *Family Letter for Screening Referral for PLE (FS-3)* stating that there is a need for further assessment. Enclose the following resources: First Steps Parent's Rights brochure, a list of local resources for families and children, *Building a Strong Foundation for School Success Parent Guide* and appropriate developmental activities. Assign a Service Coordinator. Document results in TOTS on the screening page.

5.4.3 DCBS Inquiry Received at the POE Office from DCBS or Foster Parent. Child is Under the Age of Three (3), a Resident of Kentucky, and Has an Established Risk Condition

a. The DCES contacts the family within five (5) working days and obtains consent to request medical records that include confirmation of the child's diagnosis. The *Consent to Release/Obtain Information (FS-10)* is used for this purpose. Once consent is obtained, the DCES sends the *Established Risk or Medically Fragile Verification Form (FS-22)* to

the appropriate physician.

b. The demographic page in TOTS must be completed. Item number twelve (12) on the demographic page is marked "yes" if the child referred is the subject of a substantiated case of abuse/neglect. Item number twelve (12) is marked "no" if the child referred is not the subject of a substantiated case of abuse/neglect Item number thirteen (13) will indicate if the child is living in home or out of home. Complete the parent screen as appropriate.
c. Once the Established Risk Condition is verified, a Service Coordinator is assigned to the referral and the DCES conducts the 5AA. The DCES also enters the diagnosis as a health assessment on the evaluation and assessment screen in TOTS. No screening is conducted.

5.4.4 DCBS Inquiry Received at the POE Office from DCBS or Foster Parent. Child is Over the Age of Two (2) Years and Ten and One Half (10.5) Months or is Not a Resident of Kentucky

a. Inquiries/referrals for children within the age range of two years, ten and one-half months (2 years, 10.5 months.) to three (3) years of age are not accepted for First Steps due to the inability to determine eligibility within timelines prior to aging out at age three (3). Send the *Unable to Process Referral Letter* (*FS-36)* to the appropriate DCBS worker. Do not open a record in TOTS. Place a copy of the letter in the informal inquiry log maintained by the POE since it can't be documented in TOTS.
b. If the inquiry was made by a foster parent, the POE must send the parent/guardian the *Notice of Action without Consent (FS-9*) stating that due to the child's age at time of referral there will be no evaluation to determine First Steps eligibility. The POE is responsible for connecting the parent/guardian with the appropriate school district or other community resource such as Head Start to inquire about services for the child at age three (3).
c. If child is not a resident of Kentucky, refer the referral source back to the Part C system for the state of residence. Send the *Unable to Process Referral Letter* (*FS-36)* to the appropriate DCBS worker. Place a copy of the letter in the informal inquiry log maintained by the POE since it can't be documented in TOTS.

ASQ Results and Actions

ASQ-3 Results	ASQ:SE Results	Referral Action
All in the "no concern" area	"no risk"	Do not refer for evaluation
All in the "no concern" area	"at risk"	Refer for evaluation
Fall in both the "no concern" and only 1 in the "monitoring" area	"no risk"	Do not refer for evaluation
Fall in both the "no concern" and only 1 in the "monitoring" area	"at risk"	Refer for evaluation
2 or more in the "monitoring" area	"no risk"	Refer for evaluation
2 or more in the "monitoring" area	"at risk"	Refer for evaluation
At least 1 in "refer for evaluation" area	"no risk"	Refer for evaluation
At least 1 in the "refer for evaluation" area	"at risk"	Refer for evaluation

5.5 Use of Professional Judgment at Screening

A child whose screening scores do not indicate the need for an evaluation may be referred for an evaluation only when:

1) parental concerns in a specific area of development are confirmed by further in-depth questioning of the parent;
2) documentation of developmental concerns that was not flagged by the screening instrument; or
3) documentation of behavior patterns, family history and/or atypical behavior not addressed by the screening instrument.

5.6 Documentation/Record Keeping

A hard copy of the completed screening protocol and all letters sent to the family shall be kept in the child's hard copy file at the POE for a period not to exceed six (6) years.

5.7 Children Referred for Evaluation and Assessment

The DCES briefly informs the family of First Steps' services, the population served by First Steps and that services are voluntary after confirming the child has an Established Risk Condition or confirmation of a possible developmental delay through screening. If the family is interested, the POE assigns a Service Coordinator. The Service Coordinator then schedules a home visit with the family to conduct the initial intake meeting, which includes, at a minimum, the following actions:

1) A description of the First Steps program and services available through First Steps, including information about the evaluation/assessment at no cost to the family and IFSP development process, the consultative model of service delivery, natural environments, financial requirements related to Family Share and private insurance, program requirements to provide services that are based on scientifically-based research, and service options that may be available at age three (3) when the child ages out of First Steps.
2) The determination of need for an educational surrogate parent. The *Surrogate Parent Identification of Need (FS-23)* is completed at this point for all children.
3) A discussion of the evaluation process and selection of potential IFSP meeting dates. Potential IFSP dates should be at least seven (7) calendar days after the date of consent for the evaluation. This discussion may have already taken place by the DCES during the screening. Written notification of the IFSP meeting is required to all IFSP members at a minimum of seven (7) calendar days before the meeting. Parents and providers are notified of the IFSP meeting by receiving the *Meeting Notice for Families (FS-14)*. This notification is not the formal *Notice of Action with Consent (FS-8)* described in (4) below.
4) If the family is interested in First Steps, the family must be provided a *Notice of Action with Consent (FS-8)* (intent to evaluate and if eligible, develop an IFSP) and obtain written consent for the evaluation. The notice must be provided at least seven (7) calendar days before the evaluation can take place.
5) An explanation of the family's rights under Part C of the IDEA, including a description of Procedural Safeguards and options for Dispute Resolution, with a copy of the *Family Rights Handbook* being left with the family;
6) A review of the *Notice of Privacy Practices Under HIPAA (FS-29)*, with a copy left with the family (and documentation in the service log of receipt) and verbal review of IDEA confidentiality rights;
7) A review of the *Statement of Assurances-Procedural Safeguards (FS-30)* and obtain parent/guardian signature;
8) The completion of the *Consent to Release/Obtain Information (FS-10)* by the parent/guardian. This form should be used to gather existing medical or developmental records, screening or evaluation reports, diagnosis information and/or other information specifically described. The Service Coordinator is required to complete the form with the parent, requesting that a parent sign the form when completed.
9) A Routines-Based Interview (RBI) is conducted to obtain information regarding the child and

family's resources, priorities, concerns, daily routines and activities, social relationships and contexts for learning. This may be done as part of the initial visit, or may be scheduled for a separate visit; however, it must be completed prior to the initial IFSP and used as the primary information source for determining the IFSP outcomes.

5.8 Family Declines First Steps

If the family is not interested in participating in First Steps, a *Refusal of Services (FS-7)* is completed and signed by the parent. The POE staff informs the family that they are free to contact the POE at a later date should they decide to proceed with the inquiry or referral process. The refusal of services is documented in the child's TOTS record.

5.9 Unable to Contact Family

If the POE staff is unable to contact the family either by phone or in writing, the *Unable to Contact Referral Letter (FS-4)* is sent to the family within ten (10) working days of the referral. This letter should encourage the family to contact the POE at anytime to initiate services or to ask further questions. If the POE staff is unable to locate the family, they may contact the referral source to inform them that the family has not been reached and to request additional contact information. The POE documents the inability to contact the family in the child's TOTS record and closes the record after ten (10) calendar days if no parent contact.

5.10 Communicating with Referral Sources

All information obtained by the POE staff during the inquiry or referral process is considered confidential under the Family Education Rights and Privacy Act (FERPA) and under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Any information about the referral cannot be given to the referral source without signed parental consent for the release of information.

Obtaining consent from the family to share child specific information about the referral with the referral source, if that source is one which provides ongoing services to the child and is important to the continuity of the child's care. However, if the family refuses to provide such consent to the POE, no information can be shared. It is the responsibility of the referral source to seek consent from the family and provide a copy of the signed consent for release of information to the POE.

If the family gives consent, POE staff sends the information permitted by the parent to the referral source along with the *First Steps Parent Consent to Share Information Referral Form (FS-40)*. This acknowledgement must be sent within fifteen (15) working days of the referral.

The *Non-Identifying Referral Acknowledgement Letter (FS-6)* is sent to the referral source when there is no parental consent to send child specific information. This is sent within fifteen (15) working days of the referral. The *Non-Identifying Referral Acknowledgement Letter (FS-6)* is in the appendix of this manual and loaded into TOTS. Since the use of this letter is restricted to situations where there is no consent to share information, do not add any child specific identifying information to this letter.

Chapter 6: Evaluation & Assessment

Eligibility for First Steps is determined for every child referred to First Steps through an evaluation. Evaluation in Part C is not synonymous with testing. Evaluation as defined by Part C of the IDEA means the procedures to determine a child's eligibility. Procedures include formal testing, observations, review of relevant health records, and other records pertinent to the child's developmental status, comparison to eligibility criteria and final determination of eligibility. Evaluation is conducted on all children referred due to an Established Risk Condition and children referred due to a suspicion of developmental delay.

Federal Performance Indicators:
Indicator 7: Percent of eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's forty-five (45)-day timeline. Target: 100%

Federal Regulations: 34 CFR 303.300, 303.322

State Regulations: 902 KAR 30:120

Assessments reflect the child's unique strengths and needs, the identification of the services appropriate to meet their needs, the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child. The Routines-Based Interview (RBI) is the family assessment required by federal and state regulations.

Assessments include both a direct assessment (use of a Cabinet-approved Instrument) and an indirect assessment method of one or more of the following:

1) Observation,
2) Interview of the parents using the Routines-Based Interview (RBI), or
3) Behavior checklist or inventories.

First Steps uses a two (2)-level evaluation system that consists of Primary Level Evaluation and Record Review.

6.1 Written Consent

Written parental consent must be obtained before conducting any initial evaluation or assessment. Consent is obtained on the *Notice of Action with Consent (FS-8).*

6.2 Determination of Hearing Status

All children referred to First Steps have a verbal risk assessment performed for suspected hearing impairment prior to the IFSP meeting. The risk assessment is found on the health screen in TOTS, consisting of questions five (5) through nine (9). Children whose parents report that the child has had frequent ear problems (infections, fluid build-up) and that these issues have been resolved through medical interventions should be marked as a "no" on question eight (8) on the health screen in TOTS. If the ear problems persist after medical intervention, then the answer to question eight (8) on the health screen on TOTS should be "yes". Any positive answer to these questions triggers a hearing screening.

This process is to ensure that a hearing impairment is found and addressed through the evaluation and assessment process and BEFORE the provision of Early Intervention Services.

6.2.1 Referrals from First Steps to CCSHCN

Two referral "types" are mandatory:

- All children who have a "yes" response to the questions on the TOTS health screen, items five (5) through nine (9) and item five (5) under the birth information; and
- All children who have speech/language as the only area of concern. Note: Non-English speaking children must have a developmental concern in their native language as the basis for suspecting developmental delay—the referral for these children cannot be based on inability to speak English.

There may be other children who are referred based upon individual situations such as:

1. Child who has no indicators flagged on the TOTS health page on items five (5) through nine (9) but parent voices concern—there must be a basis for the referral. The Service Coordinator needs to question what is triggering the parent's concern to determine if the basis is due to a lack of understanding of the health questions, lack of knowledge about child development and expectations for response of the child, or family history issues that have not been discussed. The Service Coordinator needs to ascertain if the parent has voiced concerns with their doctor or not.

   If the parent is adamant about the need for a referral or if the Service Coordinator determines that there is a basis for the referral that was not previously known, refer the child to the CCSHCN. The audiologist will proceed with the appropriate action once they see the child and family.

2. Child who has no indicators flagged on the TOTS health page on items five (5) through nine (9) and is receiving speech language therapy services as a sole service—again, there must be a basis for the referral. If a child who receives speech/language services as the sole early intervention service is not making progress after a reasonable time period, an audiology evaluation may be appropriate to identify why no progress is evident.

3. Children who experience significant illness associated with hearing loss—children with an active IFSP who have bacterial meningitis, severe head trauma, or repeated lengthy bouts of Otitis Media (four (4) or more occurrences per year) while participating in First Steps may be in need of an audiology evaluation to determine if there has been a loss of hearing.

Procedures to refer child to the Commission Office for Audiology Services:

a. Complete demographic and health screens on TOTS
b. Complete the *Referral to the Commission Form (FS-37)*
c. Fax referral form to the appropriate Commission office
d. Issue an authorization for the screen/evaluation
e. Assist family by calling the local Commission office or instruct the family to call to make the appointment

6.2.2 Referrals from CCSHCN to First Steps

CCSHCN is required to refer all infants with hearing loss to First Steps per KRS 211.647 (6). That section of statute states… "(6) If the audiological evaluation performed by the commission contains evidence of a hearing loss, within forty-eight (48) hours the commission shall:

(a) Contact the attending physician and parents and provide information to the parents in an accessible format as supplied by the Kentucky Commission on the Deaf and Hard of Hearing; and
(b) Make a referral to the Kentucky Early Intervention System point of entry in the service area of the child's residence for services under KRS 200.664."

1. Referrals for Children with Established Risk Condition: Significant hearing loss is an Established Risk Condition and defined as thirty (30) dB or greater in the better ear. This is a bilateral loss.

   Children referred by CCSHCN with a confirmed Established Risk Condition will need to have a Five Area Assessment (5AA) conducted by a Primary Level Evaluator or DCES who is a speech pathologist. Results of the audiology evaluation should be sent with the referral.

2. Referrals for Children Suspected for Developmental Delay: if the hearing loss is not significant enough to be an Established Risk Condition but the CCSHCN staff believes that the child has developmental delay or has evidence of a hearing loss; the child will be referred to the POE for developmental screening. The child may move forward to evaluation and assessment based upon the results of the screening.

6.2.3 Identifying Dually-Enrolled Children

Children are sometimes referred to the CCHSCN for audiology services when they are already being followed in the otolaryngology clinic. Service Coordinators must verify if a child is already receiving services from the CCSHCN to prevent authorizing services that the child is already receiving.

Service Coordinators need to have the *Consent to Release/Obtain Information Form (FS-10)* signed by the parent prior to the referral so that the status of the child can be discussed by both programs and recent audiology assessment information can be shared.

6.2.4 Children Who are Dually-Enrolled

Some children are dually-enrolled in First Steps and CCHSCN. Part C regulations addressing systems of payments require that CCHSCN financial resources be used before Part C funds. This means that CCHSCN pays for the services it typically provides. First Steps cannot supplant existing services but rather, must coordinate with those. First Steps funds are used to support those children who are not entitled to or covered by Medicaid, Title V, or private insurance. Families of children referred by First Steps who are not currently enrolled in CCHSCN are not charged family fees by CCSHCN.

6.2.5 Timely Authorizations for Evaluations

In order for CCHSCN audiologists to enter the evaluation results, the Service Coordinators must have followed the appropriate procedure:

Evaluations authorized for a new child (referral to First Steps)—once the authorization is entered in TOTS, the audiologist can enter results. The issue here is the date of service—if the date of service is beyond the end date of the authorization, the report can be entered but not the service logs. The authorization begin and end dates should be included on the faxed referral form to CCSHCN. CCSHCN staffs need to enter both pieces of documentation.

Evaluations authorized to update the IFSP (child in service with First Steps)—the Service Coordinator must have a pre-populated IFSP in place for evaluation/assessment reports to be entered.

6.2.6 Authorizing Services and the IFSP

The IFSP has two types of services as components of the document: early intervention services and other services. Early intervention services, including assistive technology, must be first determined to be necessary to achieve the outcomes on the IFSP. First Steps is responsible for payment of early intervention services, using the system of payments for First Steps. Hearing aids are generally considered a personal device by programs under the jurisdiction of the IDEA and are not purchased by Part C.

Other services are those services needed but not required by First Steps. This includes medical services such as well-baby care and the medical services/follow-up provided by CCSHCN. First Steps is not financially responsible for “other services”.

In order for any service provided by CCSHCN to be paid by First Steps, the following criteria must be met:

1. The child is not entitled to CCSHCN/Title V services.
2. The service is not already provided to the child by CCSHCN as an entitlement.

3. IFSP team has determined that the service is an early intervention service as defined by Part C.
4. The service is documented in the Planned Services section of TOTS, which generates the authorization for the service.
5. If the child is covered by private insurance, the parent has consented to the billing of insurance. A copy of the *Consent for Use of Private Insurance (FS-12)* must be sent to CCSHCN for their records.

6.3 Nondiscrimination in Eligibility Determination (Evaluation)

All activities conducted as part of eligibility determination must be unbiased, non-judgmental, comprehensive, and individualized according to the presenting needs of the child and family and their individual ethnic and cultural beliefs. No single procedure is used as the sole criterion for determining a child's eligibility for First Steps. A variety of instruments and procedures are used to determine if a child is eligible for First Steps. Any standardized instrument or test employed to evaluate eligibility or assess children and families must be free from racial/cultural bias.

6.4 Language Access/Native Language

In addition to ensuring that the instruments used in assessments are non-biased and not discriminatory, tests and other procedures must be administered in the native language of the parents or other mode of communication, unless it is clearly not feasible to do so.

6.5 Timelines

A determination of eligibility must occur within forty-five (45) calendar days of the initial referral to the First Steps Point of Entry (POE) and if child is eligible, an IFSP meeting held. In the rare situation where determination of eligibility does not occur within this timeframe, the circumstances that contributed to the delay must be documented in TOTS on the IFSP screen. In cases where the child was determined ineligible and the determination was made after forty-five (45) calendar days, the reason for the delay must be entered in the comment box on the eligibility screen.

6.6 Use of Transferred Records

Early intervention records and/or evaluation records that are transferred from a developmental evaluator outside of the Kentucky First Steps System are reviewed by the POE staff and used for eligibility determination if the records meet the following First Steps evaluation timelines:

1) Children under twelve (12) months of age, the evaluation must have been conducted within three (3) months prior to referral to First Steps; or
2) Children over twelve (12) months of age and under three (3) years of age, the evaluation must have been conducted within six (6) months prior to referral to First Steps.

Evaluations and assessments from agencies outside of First Steps may be used by First Steps if appropriate. The DCES or Service Coordinator should review the assessments to determine if those assessments meet the Kentucky testing requirements; for example, a Bayley Scales of Infant and Toddler Development was recently conducted but there is no criterion-referenced assessment available. The Service Coordinator would need to authorize the 5AA for that particular child.

6.7 Primary Level Evaluation (PLE)

A Primary Level Evaluation (PLE) covers the federally required areas of medical/health status, developmental functioning, assessment of each child's unique needs in developmental areas, and the identification of services appropriate to meet those needs (services are not restricted to Early Intervention Services as defined by Part C of IDEA). The PLE is performed using two (2) types of instrumentation that address the five (5) developmental domains of cognition, communication, physical development (includes gross and fine motor), social and emotional development, and adaptive (self-help) skills development.

One (1) instrument is a norm-referenced standardized instrument that provides a standard deviation score in the full domain for each of the five (5) areas. The results of this norm-referenced assessment are used for comparison to the specific eligibility criteria for developmental delay. The second instrument is a

Cabinet-approved criterion-referenced assessment (Five Area Assessment or 5AA) which is used for program planning and establishing the baseline for measuring progress. A 5AA for all eligible children must be conducted BEFORE the forty-five (45) calendar day timeline for IFSP development.

The Cabinet-approved Five Area Assessment (5AA) instruments include:

1) Hawaii Early Learning Profile (HELP);
2) Carolina Curriculum Assessment for Infants and Toddlers with Special Needs (CCITSN); and
3) Assessment, Evaluation, and Programming System (AEPS).

The developmental portion of the PLE is provided by a Primary Level Evaluator approved by the state. The choice of a Primary Level Evaluator is dependent upon the presenting concerns of the child. The area of expertise or discipline of study of the possible Primary Level Evaluators should be matched to the areas of concern for the child.

PLE includes a medical component completed by a physician or nurse practitioner. The medical component shall include:

1) a history and physical examination;
2) a hearing and vision screen; and
3) a recent medical evaluation.

The developmental component is completed by a Cabinet-approved Primary Level Evaluator and includes:

1) a review of pertinent health and medical information;
2) the completion of an appropriate instrument(s) to determine the child's unique strengths and needs;
3) the results of the assessment which will be interpreted to the family; and
4) a recommendation of eligibility.

It is not the role of the Primary Level Evaluator to inform a family member that their child is "eligible" or "not eligible" after the developmental assessment. Basing eligibility on the results of the PLE violates the prohibition of basing eligibility on a sole criterion. If a family member requests the results of the assessment once completed, the provider may share general information on how the child performed in each domain. Families should be informed that the provider will submit a full report to the Service Coordinator and results will be discussed by the IFSP team.

6.8 Children with an Established Risk of Hearing Loss

Children with an Established Risk of hearing loss will have a 5AA completed by a Speech Therapist or a Teacher of Deaf and Hard of Hearing, who is an approved Primary Level Evaluator.

6.9 Children with an Established Risk of Visual Impairments

Children with an Established Risk of visual impairments will have a 5AA completed by a Teacher of the Visually Impaired (TVI) who is an approved Primary Level Evaluator if available. The availability of the TVI cannot delay the forty-five (45) calendar day timeline for eligibility determination and IFSP development.

6.10 Evaluation of Children with Prematurity

For a child with a corrected age less than six (6) months, the PLE is conducted by an approved Intensive Level Evaluation Team or an approved Neonatal Follow-up Program Team.

A PLE for of a child with a corrected age of four (4)-six (6) months or greater can be performed by either the DCES or a Primary Level Evaluator under the following conditions:

1) The Intensive Level Team or Neonatal Follow-up Program is unable to conduct the evaluation within thirty-five (35) calendar days of the referral to First Steps. Documentation of the attempt to schedule an evaluation must include the date, name of person at the respective team with whom the Service Coordinator spoke, and date of possible evaluation which clearly is at least thirty-five (35) calendar days from date of referral to First Steps. Documentation should be noted in the Service Coordinator's service log in TOTS.

2) The DCES and/or Primary Level Evaluator is trained on appropriate instrumentation for this age child (i.e., the Bayley Scales of Infant Development).
3) The DCES and/or Primary Level Evaluator have experience assessing this age child.

6.11 Referrals/Eligibility Process for Children Involving NICU Follow-Up Programs

Two types of children participate in the NICU programs: those who are born before thirty seven (37) weeks gestation and those who are born full-term but who have certain health conditions that warrant close monitoring by professionals with expertise in the development of very young children. These children often have unique developmental concerns and growth trajectories. Children must meet criteria set by the NICU program for acceptance in follow-up clinics. The staffs at both NICU programs are experts in determining the existence of a developmental delay in these very young infants.

Routine follow-up consists of developmental screening/examination and teaching family appropriate exercises and developmental activities. If a referral to First Steps is considered, additional testing will be conducted using instruments such as the Bayley Scales of Infant and Toddler Development.

6.11.1 Referrals to the NICU Follow-Up Program

All referrals to a NICU program must have the following information included with the referral:

- Is child currently followed by a NICU program? If yes, provide name of program and date of last visit. With parent consent, contact the NICU program to find out results of last visit, recommendations, and date of next appointment. (This is important to prevent any duplicate testing or invalidation of testing.) Also, inform the NICU program of any issue or concern that has arisen since the child's last appointment. The NICU program may decide to bring the child in earlier, depending upon the concern.
- Child's date of birth, demographic information including parent/guardian name
- Birth information from the health screen on TOTS complete and accurate (birth weight, birth length, gestational age, multi-birth status, special considerations, and comments)

6.11.1A Children With a Confirmed Established Risk Condition and Prematurity

The District Child Evaluation Specialist (DCES) conducts the Five Area Assessment (5AA) when a child meets the following criteria:

1. Child was born premature;
2. Child is not currently followed by a NICU clinic; and
3. Child has a confirmed Established Risk Condition.

Any child who does not meet all three (3) of the above criteria is referred to the appropriate NICU clinic for the 5AA.

6.11.1B Children With Suspected Developmental Delay and Prematurity

All children suspected of developmental delay and who are less than six (6) months corrected age are referred to the appropriate NICU clinic for the Primary Level Evaluation.

Children with a corrected age of at least one (1) month, zero (0) days are screened by the DCES prior to referral to the NICU Follow-Up Program for eligibility determination.

Children with a corrected age of less than one (1) month, zero (0) days are not screened by the DCES prior to referral to the NICU Follow-Up Program for eligibility determination.

6.11.2 Referrals from the NICU Follow-Up Program

When the family begins working with the NICU Follow-Up Clinic, the parent is informed of the First Steps program as a possibility in the future. At the point that the NICU team determines that the child should be referred as eligible, the parent is provided a *Notice of Action with Consent (FS-8)* and given a First Steps Parent's Rights brochure. When the NICU Follow-Up team has

determined eligibility for First Steps, First Steps is faxed the referral and signed *Notice of Action with Consent (FS-8).*

The designated POE staff enters the referral information into TOTS and authorizes the evaluation/assessment through planned services. If the designated staff person receiving the referral is the DCES, then a Service Coordinator must be assigned to the case. The NICU team is responsible for entering the evaluation results in TOTS.

6.11.3 Ongoing Collaboration

A person from the NICU program is to be included as a member of the IFSP team for all children enrolled in both First Steps and one of the two (2) NICU programs in Kentucky. Authorize the person designated as the team member by the NICU program as collateral for the entire period of the IFSP. Having ongoing access to the TOTS record will enable the NICU team to better understand the First Steps services and progress for the child as well as give them opportunity to enter information from the NICU follow-up visits that is relevant to the child's IFSP team. Service coordinators must document all services that a child is receiving—whether or not First Steps is the payor. For example, if a child is receiving speech or PT from a clinic (paid by Medicaid or private insurance), this needs to be cited on the IFSP. The location for documentation of "Other Services" is on the IFSP screen, under item #4. For this particular population, it is imperative that all team members understand the comprehensiveness of services. This practice will enhance the ongoing collaboration and coordination between the NICU program and First Steps.

6.12 Record Review-Second Level Evaluations

Record Review is the second level in the First Steps evaluation system used to determine eligibility for children whose PLE is inconclusive due to the complexity of the child and/or has conflicting testing results. Record Review is conducted by an expert team that reviews the child's complete First Steps record.

Record Review may be conducted when a child does not meet eligibility guidelines at the PLE, but the Primary Level Evaluator and the family still have concerns that the child is developing atypically and a determination of eligibility based on professional judgment is needed.

To obtain a Record Review, the Service Coordinator first provides the family with a *Notice of Action with Consent (FS-8)*, describing that the reason for the Record Review is for in-depth assessment of the child's developmental status. The Service Coordinator must complete the *Record Review Eligibility Request (FS-16)*. The TOTS record for the child must be up-to-date with all intake information: inquiry/referral, health, evaluation, and RBI.

Once consent is obtained, the Service Coordinator submits the child's record to the DCES for review. Once the DCES has reviewed the record for completeness, it is submitted to the designated Record Review Team. The Record Review report is written within ten (10) working days of the receipt of the Record Review request and found on the record review screen in TOTS. Missing data will delay the Record Review process. Families have the right to due process if they disagree with the finding of eligibility.

6.13 Intensive Level Clinical Evaluation

An Intensive Level Clinical Evaluation (ILE) may be requested by the POE when specific expertise is needed to appropriately determine the child's eligibility.

To obtain an Intensive Level Evaluation, the Service Coordinator first provides the family with a *Notice of Action with Consent (FS-8)*, describing that the reason for the ILE is for in-depth assessment of the child's developmental status. The Service Coordinator must complete the *Record Review ILE Request (FS-17)*. The TOTS record for the child must be up-to-date.

Once consent is obtained, the Service Coordinator submits the child's record to the DCES for review. Once the DCES has reviewed the record for completeness, it is submitted to the designated Record

Review Team. The ILE report is written within ten (10) calendar days of the completion of the ILE and found on the evaluation/assessment screen in TOTS. Families have the right to due process if they disagree with the finding of eligibility.

6.14 Eligibility Process for Children Referred with an Established Risk Condition

1) Service Coordinator conducts the initial home visit; obtains permission to gather the medical/health records and other relevant information using the *Consent to Release/Obtain Information (FS-10)*. Parents are provided *Notice of Action with Consent (FS-8)* and must give written consent. Service Coordinator schedules family assessment (RBI) and possible dates for team meeting to review evaluation results and determine eligibility.
2) DCES conducts the 5AA* and the Service Coordinator conducts RBI.
3) Information is documented in TOTS:
    a. Evaluation/ assessment screen
    b. RBI screen
    c. Demographic screen
    d. Health screen
    e. Parent screen
    f. Financial support
4) The IFSP team reviews the eligibility and the results of the 5AA and the RBI. All of this information is taken into consideration as they develop the IFSP.

    ***Note:** If appropriate based upon the presenting needs of the child, a Primary Level Evaluator who has the expertise needed to assess the unique needs of the child may conduct the 5AA instead of the DCES.

Required team participants, at a minimum:

1) Family (and who they invite)
2) Service Coordinator
3) Evaluator (Professional who conducted the 5AA) may attend by phone, by report, in person, or by having a knowledgeable representative attend.
4) Individuals who will be providing services (not limited to Early Intervention Services) may be invited if appropriate. These individuals must attend face-to-face.

6.15 Eligibility Process for Children Referred with a Suspected Developmental Delay

1) Service Coordinator conducts the initial home visit; obtains permission to gather the medical/health records and other relevant information using the *Consent to Release/Obtain Information (FS-10)*. Parents are provided *Notice of Action with Consent (FS-8)* and must give written consent. Service Coordinator schedules family assessment (RBI) and possible dates for team meeting to review evaluation results and determine eligibility. Primary Level Evaluator is identified.
2) Primary Level Evaluator conducts both a norm-referenced instrument and the 5AA; Service Coordinator gathers health/medical information, conducts RBI.
3) In Information is documented in TOTS:
    a. Evaluation/ assessment screen
    b. RBI screen
    c. Demographic screen
    d. Health screen
    e. Parent screen
    f. Financial support
4) The IFSP team determines eligibility for children referred on the suspicion of a developmental delay by comparing the results of the norm-referenced assessment to the eligibility criteria, reviewing the 5AA results, reviewing the relevant medical and health records and considering the input of the family.

5) If eligible and team composition is appropriate, IFSP meeting can be held. If child is found to be ineligible, the parents must be provided a *Notice of Action without Consent (FS-9)* and the First Steps Parent's Rights brochure.

Required team participants, at a minimum:

1) Family (and who they invite)
2) Service Coordinator
3) Evaluator: Evaluator may attend by phone, by report, in person, or by having a knowledgeable representative attend. DCES may serve as the knowledgeable representative and attend any eligibility team meeting.
4) Individuals who will be providing services (not limited to Early Intervention Services) may be invited if appropriate. These individuals must attend face-to-face.

A second norm-referenced instrument may be administered in cases where the initial instrument indicated a delay in one (1) of the five (5) skill areas (domains) but did not meet the eligibility criteria and both the family and Primary Level Evaluator suspect that the delay may be greater than what the initial testing revealed. The second norm-referenced assessment should be administered by the discipline that has the expertise needed for an in-depth look at the area of concern. This may necessitate the authorization of a discipline-specific norm-referenced assessment. If the professional conducting the assessment is the discipline most appropriate for the concerns of the child and already is authorized to conduct the PLE, no additional authorization is issued.

The results of the additional or alternate testing shall be the determining factor for eligibility if the standardized scores indicate a delay greater than two (2) standard deviations in one (1) skill area (domain) or one and one-half (1.5) standard deviations in two (2) skill areas. If the scores on the second, in-depth instrument do not meet eligibility criteria, the child is not eligible for First Steps. Parents are provided a *Notice of Action without Consent (FS-9)* and the First Steps Parent's Rights brochure which informs them of their right to due process.

6.16 Eligibility by Professional Judgment

A child may be determined eligible by informed clinical opinion by the following approved multidisciplinary teams:

1) Neonatal Follow-Up Program Team;
2) Intensive Level Evaluation Team; or
3) Record Review Team.

The records from the team must include the Established Risk Condition diagnosis or a statement that the child meets eligibility by informed clinical opinion.

6.17 Annual Redetermination of Eligibility

Children's continuing eligibility status is determined each year by review of the IFSP and an updated 5AA. The 5AA is completed by the Primary Service Provider (PSP) for an individual child. If the person who completed the evaluation and assessments is unable to attend the IFSP meeting, arrangements will be made for their involvement by other means such as participation in a conference call, having a representative attend the meeting, or making pertinent records available at the meeting.

A child has continuing eligibility in First Steps if the annual 5AA assessment documents any ongoing delay or failure to attain an expected level of development in one or more of the developmental areas. Additionally, there must be consensus of the IFSP team that First Steps services are required to continue developmental progress. Redeterminations of eligibility are not to be used to address concerns that are medical in nature. Based on the results of the redetermination of eligibility the IFSP team will:

1) Continue with the same outcomes and services;
2) Continue with modified outcomes and services; or
3) Transition the child from First Steps (discharge).

6.18 Assessment

Assessment serves many purposes in the First Steps program — to provide a "snapshot" of present strengths and needs, to provide information for individualized intervention planning, and to provide a method for monitoring and reporting developmental progress. Assessment is ongoing throughout the child's period of eligibility in First Steps; however, there are set points in time that children receive a formal assessment.

Ecologically valid and appropriate assessment includes a variety of sources for information such as observations, parent interviews and reports, and behavioral checklists and inventories. The ongoing assessment process also includes direct administration of criterion-referenced instruments.

All children in First Steps receive a 5AA upon entry to the program, annually, and at exit. Some children may receive discipline-specific assessments in addition to the 5AA while in First Steps to provide information that leads to changes or modifications to interventions.

6.19 Child Who is Medically Fragile

The Service Coordinator or DCES obtains a physician's or nurse practitioner's (ARNP) written approval to complete an assessment for a child who is medically fragile. The *Established Risk or Medically Fragile Verification (FS-22)* is used to obtain this approval. The approval is specific to the modifications needed to accommodate the child's medical status to address the skill areas of concern.

6.20 Discipline-Specific Assessments

Occasionally, the synthesized information obtained through screening, initial evaluation and assessment, and the Routines-Based Interview (RBI) is insufficient to determine the needs of the child. In these instances, the POE shall arrange for further assessment. The Primary Level Evaluator may conduct the discipline-specific assessment if the discipline of the evaluator is appropriate to address the concern. The provider conducting the discipline-specific assessment must use instruments and assessment methods that will yield the specific information needed for IFSP. Care must be taken to ensure there is no duplication of testing. The additional assessment must be completed and the IFSP meeting held within forty-five (45) calendar days of the date of referral.

When an additional assessment is warranted, the Service Coordinator documents the following in the service log on TOTS:

1) The concern that warrants another assessment, including the documentation that prompted the concern cited;
2) The reasons why the Primary Level Evaluator cannot assess the area of concern.

6.21 Assessment Reports

All formal, direct assessments must have a written report completed within ten (10) calendar days of the completion of the assessment. The assessment results must be entered into TOTS which generates the written report. If a 5AA was conducted at entry, at annual redetermination of eligibility or at exit, the assessment must be entered in the data portal, currently named Kentucky Early Childhood Data System (KEDS) by the PSP. The item level data from the 5AA must also be entered in KEDS before payment for the assessment is approved.

Assessment reports are to identify the services that would address the child's needs. This identification includes those services that First Steps does not provide such as community resources and programs. Early Intervention Services should be identified in a way that provides the IFSP team with flexibility to individualize for the child. The report should not include recommendations for intensity or frequency as that is the responsibility of the IFSP team.

The report includes the following:

1) A description of the assessment tool used;
2) A description of assessment activities and information obtained, including that gathered from the family;
3) Identifying information including:

a. The child's First Steps identification number
b. The name of the child
c. The child's age at time of assessment
d. The name of the service provider and discipline
e. The date of the assessment
f. The setting of the assessment
g. The state of the child's health during the assessment
h. The parent's assessment of the child's performance in comparison to abilities demonstrated by the child in more familiar circumstances
i. The medical diagnosis if the child has an Established Risk Condition
j. The formal and informal instruments and assessment methods and activities used
k. Who was present at the assessment

4) A profile of the child's level of performance, in a narrative form which shall indicate:
   a. Concerns and priorities
   b. Child's unique strengths, needs, and preferences
   c. Skills achieved since last report, if applicable (annual, exit assessments)
   d. Current and emerging skills, including skills performed independently and with assistance.
   e. Recommended direction for future service delivery
5) Recommendations that address the family's priorities as well as the child's holistic needs based on review of pertinent medical, social, and developmental information and the evaluation and assessment.

The provider who performed the assessment:

1) Verbally shares the report with the family and documents this in the provider's service log in TOTS
2) Provides a copy of the report to the family and documents this in TOTS on the communication log.
3) Writes the report in family friendly language that is as free of professional jargon as possible. When professional jargon must be used, the provider explains in lay terms what it means.
4) If delays in completing the assessment occur due to the illness of the child or by the request of the parent, the assessor documents the reason(s) for the delay in the communication log on TOTS and notifies the Service Coordinator when the assessment is completed. The report in these cases is finalized within five (5) calendar days of completing the assessment.

6.22 Family Assessment or Routines-Based Interview (RBI)

Federal law and regulation require that the resources, priorities and concerns of the family and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child be identified. A Routines-Based Interview (RBI) is conducted with the family by the Service Coordinator to gather this information. RBI results are discussed at the IFSP team meeting and contribute to the development of IFSP outcomes.

6.23 Ongoing Assessment

Children in First Steps receive assessment as an integral part of service delivery. Assessment shall be ongoing to ensure that strategies and activities are focused on meeting the child and family's current needs.

If the IFSP team did not request an additional discipline-specific assessment and the assessment is completed as part of scope of practice, the assessment is considered therapeutic intervention and an authorization from First Steps is not issued. An authorization for a discipline-specific assessment is not issued for the assessment conducted as part of the scope of practice to meet licensure. The First Steps *Notice of Action with Consent (FS-8)* is not required for this type of assessment; however, the provider may request a written consent from the family for their own records.

6.24 Annual Five Area Assessment (5AA)

The 5AA is conducted to provide information for the annual redetermination of eligibility. Each annual assessment must be completed by the Primary Service Provider (PSP) using one (1) of the Cabinet-approved criterion-referenced instruments. The annual 5AA must be completed no earlier than sixty (60) calendar days and no later than thirty (30) calendar days prior to annual IFSP date.

*The DCES conducts the Annual or Exit 5AAs for children who receive service coordination as the only service provided by First Steps. This includes entering item-level data in KEDS.

6.25 Exit Assessment

This 5AA occurs within one hundred and twenty (120) calendar days prior to a child exiting First Steps at age three (3). The assessment used for annual redetermination of eligibility may be used to meet this requirement, as long as it is completed within one hundred and twenty (120) calendar days prior to the child's exit from the First Steps Program.

6.26 KEDS Data Entry of Five Area Assessment (5AA)

Primary Level Evaluators and Primary Service Providers (PSP) are responsible for entering item-level data in KEDS. KEDS is the data portal that holds the assessment information needed to complete the Federal State Performance Plan, Indicator three (3) information.

First Steps: Established Risk Conditions

Aase-Smith Syndrome (Diamond-Blackfan Anemia)	Aase Syndrome
Acrocallosal Syndrome	Acrodysostosis
Acro-Fronto-Facio-Nasal Dysostosis	Adrenoleukodystrophy
Agenesis of the Corpus Callosum	Agyria
Aicardi Syndrome	Alexander's Disease
Alper's Syndrome	Amelia
Angelman Syndrome	Aniridia
Anophthalmia/Microphthalmia	Antley-Bixler Syndrome
Apert Syndrome	Arachnoid cyst with neuro-developmental delay
Arhinencephaly	Arthogryposis
Ataxia	Atelosteogenesis
Autism	Baller-Gerold Syndrome
Bannayan-Riley-Ruvalcaba Syndrome	Bardet-Biedl Syndrome
Bartoscas-Papas Syndrome	Beals Syndrome (congenital contractual arachnodactyly)
Bixler Syndrome	Blackfan-Diamond Syndrome
Bobble Head Doll Syndrome	Borjeson-Forssman-Lehmann Syndrome
Brachial Plexopathy	Brancio-Oto-Renal (BOR) Syndrome
Campomelic Dysplasia	Canavan Disease
Carbohydrate Deficient Glycoprotein Syndrome	Cardio-Facio-Cutaneous Syndrome
Carpenter Syndrome	Cataracts-Congenital
Caudal Dysplasia	Cerebro-Costo-Mandibular Syndrome
Cerebellar Aplasis/Hypoplasia/Degeneration	Cerebral Atrophy
Cerebral Palsy	Cerebro-oculo-facial-skeletal syndrome
CHARGE Association	Chediak Higashi Syndrome
Chondrodysplasia Punctata	Christian Syndrome
Chromosome Abnormality a. Unbalanced numerical (autosomal) b. Numerical trisomy (chromosomes 1-22) c. Sex chromosomes XXX; XXXX; XXXXX; XXXY; XXXXY	CNS Aneurysm with Neuro-Developmental Delay
CNS Tumor with Neuro-Developmental Delay	Cockayne Syndrome
Coffin Lowry Syndrome	Coffin Siris Syndrome
Cohen Syndrome	Cone Dystrophy
Congenital Cytomegalovirus	Congenital Herpes
Congenital Rubella	Congenital Syphilis
Congenital Toxoplasmosis	Cortical Blindness
Costello Syndrome	Cri Du Chat Syndrome
Cryotophthalmos	Cutis Laxa
Cytochrome-c Oxidase Deficiency	Dandy Walker Syndrome
DeBarsy Syndrome	DeBoquois Syndrome
Dejerine-Sottas Syndrome	DeLange Syndrome
DeSanctis Cacchione Syndrome	Diastrophic Dysplasia
DiGeorge Syndrome	Distal Arthrogryrosis
Donohue Syndrome	Down Syndrome
Dubowitz Syndrome	Dyggve Melchor-Calusen Syndrome
Dyssegmental Dysplasia	Dystonia
EEC (Ectrodactyly-ectodermal dysplasia-clefting) Syndrome	Endephalocele
Encephalo-Cranio-Cutaneous Syndrome	Encephalomalacia
Facio-Auriculo-Radial Dysplasia	Facio-Cardio Renal (Eastman-Bixler) Syndrome
Familial Dysautonomia (Riley-Day Syndrome)	Fanconi Anemia

Farber Syndrome	Femoral Hypoplasia
Fetal Alcohol Syndrome/Effects	Fetal Dyskinesia
Fetal Hydantoin Syndrome	Fetal Valproate Syndrome
Fetal Varicella Syndrome	FG Syndrome
Fibrochondregenesis	Floating Harbor Syndrome
Fragile X Syndrome	Freeman-Sheldon (Whistling Facies) Syndrome
Fryns Syndrome	Fucosidosis
Galactosemia	Glaucoma-Congenital
Glutaric Aciduria Type I and II	Glycogen Storage Disease
Goldberg-Shprintzen Syndrome	Grebe Syndrome
Hallermann-Streiff Syndrome	Hays-Wells Syndrome
Head Trauma with Neurological Sequelae/Developmental Delay	Hearing Loss (30dB or greater in better ear as determined by ABR audiometry or audiometric behavioral measurements)
Hemimegalencephaly	Hemiplegia/Hemiparesis
Hemorrhage-Intraventricular Grade III and IV	Hereditary Sensory & Autonomic Neuropathy
Hereditary Sensory Motor Neuropathy (Charcot Marie Tooth Disease)	Herrmann Syndrome
Heterotopias	Holoprosencephaly (Aprosencephaly)
Holt-Oram Syndrome	Homocystinuria
Hunter Syndrome (MPS II)	Hurler Syndrome (MPS I)
Hyalinosis	Hydranencephaly
Hydrocephalus	Hyperpipecolic Acidema
Hypomelanosis of ITO	Hypophosphotasis-Infantile
Hypoxic Ischemic Encephalopathy	I-Cell (mucolpidosis II) Disease
Incontinentia Pigmenti	Infantile Spasms
Ininencephaly	Isovaleric Acidemia
Jarcho-Levin Syndrome	Jervell Syndrome
Johanson-Blizzard Syndrome	Joubert Syndrome
Kabuki Syndrome	KBG Syndrome
Kenny-Caffey Syndrome	Klee Blattschadel
Klippel-Feil Sequence	Landau-Kleffner Syndrome
Lange-Nielsen Syndrome	Langer Giedion Syndrome
Larsen Syndrome	Laurin-Sandrow Syndrome
Leber's Amaurosis	Legal Blindness (bilateral visual acuity of 20/200 or worse corrected vision in the better eye)
Leigh Disease	Lennox-Gastaut Syndrome
Lenz Majewski Syndrome	Lenz Microophthalmia Syndrome
Levy-Hollister (LADD) Syndrome	Lesch-Nyhan Syndrome
Leukodystrophy	Lissencephaly
Lowe Syndrome	Lowry-Maclean Syndrome
Maffucci Syndrome	Mannosidosis
Maple Syrup Urine Disease	Marden Walker Syndrome
Marshall Syndrome	Marshall-Smith Syndrome
Maroteaux-Lamy Syndrome	Maternal PKU Effects
Megalencephaly	MELAS
Meningocele (cervical)	MERRF
Metachromatic Leukodystrophy	Metatropic Dysplasia
Methylmalonic Acidemia	Microcephaly
Microtia-Bilateral	Midas Syndrome
Miller (postaxial acrofacial-dysostosis) Syndrome	Miller-Dieker Syndrome
Mitochondrial Disorder	Mobius Syndrome
Morquio Syndrome	Moya-Moya Disease
Mucolipidosis II and III	Multiple congenital anomalies (major organ birth defects)

Multiple Pterygium Syndrome	Muscular Dystrophy
Myasthenia Gravis-Congenital	Myelocystocele
Myopathy –Congenital	Myotonic Dystrophy
Nager (Acrofacial Dysostosis) Syndrome	Nance Horan Syndrome
NARP	Neonatal Meningitis/Encephalitis
Neuronal Ceroid Lipofuscinoses	Neuronal Migration Disorder
Nonketotic Hyperglycinemia	Noonan Syndrome
Ocular Albinism	Oculocerebrocutaneous Syndrome
Oculo-Cutaneous Albinism	Optic Atrophy
Optic Nerve Hypoplasia	Oral-Facial digital Syndrome, Types I-VII
Osteogenesis Imperfecta, Types III and IV	Osteopetrosis (Autosomal Recessive)
Oto-Palato-Digital Syndrome, Types I and II	Pachygyria
Pallister Mosaic Syndrome	Pallister-Hall Syndrome
Pelizaeus-Merzbacher Disease	Pendred's Syndrome
Periventricular Leukomalacia	Pervasive Developmental Disorder
Peters Anomaly	Phocomelia
Poland Sequence	Polymicrogyria
Popliteal Pterygium Syndrome	Porencephaly
Prader-Willi Syndrome	Progeria
Propionic Acidema	Proteus Syndrome
Pyruvate Carboxylase Deficiency	Pyruvate Dehydrogenase Deficiency
Radial Aplasia/Hypoplasia	Refsum Disease
Retinoblastoma	Retinoic Acid Embryopathy
Retinopathy of Prematurity, Stages III and IV	Rett Syndrome
Rickets	Rieger Syndrome
Roberts SC Phocomelia	Robinow Syndrome
Rubinstein-Taybin Syndrome	Sanfilippo Syndrome (MPS III)
Schinzel-Giedion Syndrome	Schimmelpenning Syndrome (Epidermal Nevus Syndrome)
Schizencephaly	Schwartz-Jampel Syndrome
Seckel Syndrome	Septo-Optic Dysplasis
Shaken Baby Syndrome	Short Syndrome
Sialidosis	Simpson-Golabi-Behmel Syndrome
Sly Syndrome (MPS IV)	Smith-Fineman-Myers Syndrome
Smith_Limitz-Opitz Syndrome	Smith-Magenis Syndrome
Sotos Syndrome	Spina Bifida (Meningomyelocele)
Spinal Muscular Atrophy	Spondyloepiphyseal Dysplasia Congenita
Spondylometaphyseal Dysplasia	Stroke
Sturge-Weber Syndrome	TAR (Thrombocytopenia-Absent Radii Syndrome)
Thanatophoric Dysplasia	Tibial Aplasis (Hypoplasia)
Toriello-Carey Syndrome	Townes-Brocks Syndrome
Trecher-Collins Syndrome	Trisomy 13
Trisomy 18	Tuberous Sclerosis
Urea Cycle Defect	Valocardiofacial Syndrome
Wildervanck Syndrome	Walker-Warburg Syndrome
Weaver Syndrome	Wiedemann-Rautenstrauch Syndrome
Williams Syndrome	Winchester Syndrome
Wolf Hirschhorn Syndrome	Yunis-Varon Syndrome
Zellweger Syndrome	

Chapter 7: IFSP Development and Implementation

Federal Performance Indicators:

Indicator 1: Percent of infants and toddlers with IFSPs who receive the Early Intervention Services on their IFSPs in a timely manner.

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive Early Intervention Services in the home or community-based settings.

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

A. Positive social-emotional skills (including social relationships);
B. Acquisition and use of knowledge and skills (including early language/ communication); and
C. Use of appropriate behaviors to meet their needs.

Indicator 4: Percent of families participating in Part C who report that Early Intervention Services have helped the family:

A. Know their rights;
B. Effectively communicate their children's needs; and
C. Help their children develop and learn.

Federal Regulations: 34 CFR 303.322, 303.340 through 303.346

State Regulations: 902 KAR 30:130

First Steps is rooted in the belief that family-centered early intervention builds on and promotes the strengths and competencies present in all families. A Routines-Based Interview (RBI) is the starting point for discovering the family's resources, priorities and concerns for their child and family, as they relate to the child's development. This information is translated into outcome statements that drive the IFSP team's actions to address the unique needs of the child. A team works together to develop an IFSP that outlines a six (6) month approach to meet the developmental needs of the child.

Family members are to be active, participating members of this team. The IFSP is a process and not simply a document. Infants and toddlers are uniquely dependent on their families for their survival and nurturance. This dependence necessitates a family-centered approach to early intervention. Early intervention systems and strategies honor the racial, ethnic, cultural, and socioeconomic diversity of families served. Families choose the level and nature of their involvement in Early Intervention Services.

The family-centeredness of First Steps is reflected in the provision of Early Intervention Services that support the concerns and priorities of the family in the context of their daily routines. The IFSP team ensures that the IFSP services are:

1) Provided in as typical a fashion and environment as possible;
2) Promote the integration of the child and family within community settings that include children without disabilities; and,
3) Embedded in the family's normal routines and activities.

The outcomes and strategies in the IFSP should indicate the functional skills that the child will learn to enhance development. Basic skills are those that can be embedded into natural routines and activities in which the child and family participate (e.g., expressing wants and needs, initiating social interactions, grasping/holding objects, holding head up, feeding self, and demonstrating cause-effect relationships). The strategies identified for each outcome statement should reflect the specific natural routines and activities in which the skills can be embedded (e.g., expressing wants and needs can be taught during mealtime, such as when a child wants a drink or another bite of food).

In addition, these routines and activities should be those identified as priorities by the family through an ecological assessment, which looks at many different environments (e.g. home, community, play). Adaptations and supports needed to assure an outcome is achieved should also be mentioned in the strategies for achieving the IFSP outcomes (e.g. a child might need (a) a communication board with picture symbols (adaptation) in order to express his wants and needs during mealtimes, as well as (b) the services of a Speech/Language Pathologist (support)). In addition, to the greatest extent possible, the supports used to implement the outcome should be those found in natural environments (e.g., family members, childcare providers, neighbors) instead of, or in addition to, those provided by First Steps.

7.1 IFSP Meeting Facilitation

The Service Coordinator facilitates IFSP meetings, which includes, at a minimum, the following:

1) Introductions;
2) A review of the purpose of the IFSP meeting;
3) An explanation of family rights and procedural safeguards, with a copy of the *Family Rights Handbook* given to the parent/guardian unless they decline the copy because they already have one; obtain parent signature confirming receipt of handbook on the *Statement of Assurances-Procedural Safeguards (FS-30)*;
4) A review of the evaluation and assessment results linked to the child's growth and development explained in such a way as to ensure that parents can relay this information to others;
5) A review of the eligibility determination;
6) A review of the parent's/guardian's concerns, priorities, resources, routines and other family information pertinent to program planning;
7) The development of outcome statements based upon the concerns and priorities of the family and child's strengths and unique needs. Note: Every IFSP includes at least one (1) transition outcome;
8) The identification of the First Steps Early Intervention Services, based on scientifically-based research (to the extent practicable), that are necessary to meet the unique needs of the child and the family for achieving the results or outcomes identified by the parent/guardian and the IFSP team;
9) A determination of the frequency, intensity, method of delivering services, and service delivery settings;
10) A discussion regarding transition from First Steps and the points at which efforts will begin to focus on that process or specific transition planning activities depending on the child's age at the time of the IFSP meeting or the parent's/guardian's concerns related to transition;
11) A review of medical needs and other services and resources outside the First Steps system which the family utilizes or could utilize (but not paid by First Steps);
12) A review of financial matters and resources including Family Share Participation Fees and private and public insurance; and
13) The selection of the Primary Service Provider (PSP).

7.2 Individualized Family Service Plan (IFSP)

The IFSP is an important document that is collaboratively developed by the parent or guardian, other family members or caregivers, the Service Coordinator and the evaluator, assessors and/or early intervention service providers.

The required content of an IFSP is:

1) Description of the present level of functioning in the domains of physical development, cognitive development, communication development, social and emotional development and adaptive (self-help) development and performance levels to determine strengths to enhance functional skills in daily routines;
2) Description of underlying factors that may affect the child's development, including the Established Risk Condition and what motivates the child;
3) With family agreement, a statement of the family's resources, priorities and concerns related to enhancing the child's development;
4) Statement of the major outcomes expected to be achieved for the child and family and the criteria, procedures, and timelines used to determine progress and need for revisions or modifications to outcomes or services;
   There must be at least one (1) transition outcome that addresses transition to preschool services or to other services that may be available, if appropriate, and is supported by steps that include:
   a. A description of types of information the family might need in relation to future placements;
   b. Activities to be used to help prepare the child for changes in the service delivery; and

c. Specific steps that will help the child adjust to and function in the new setting.

5) Specific First Steps services necessary to meet the unique needs of the child and family to achieve the outcomes, including the frequency, intensity, duration, location, method of delivering services, natural environment in which Early Intervention Services are to be provided, and payment arrangements;
6) Projected initiation dates of services and anticipated length and duration. Early Intervention Services start no sooner than seven (7) calendar days from date of parent consent;
7) Other services needed by the child and family that are not Early Intervention Services;
8) Names of the Service Coordinator and the Primary Service Provider (PSP).

7.3 Timelines/Timely Services

Initial IFSPs must be developed within forty-five (45) calendar days of the referral. All services must start within thirty (30) calendar days of the date parents give consent for the services. This date is the date the IFSP was signed. IFSPs and the early intervention authorizations associated with the IFSP are valid for six (6) months.

Note: Families must be provided a summary of the *Family Rights Handbook* and sign the *Statement of Assurances-Procedural Safeguards (FS-30*) at each IFSP meeting.

7.4 Parental Notice of Action and Consent for Early Intervention Services

The Service Coordinator provides the family with a *Notice of Action without Consent (FS-9)* describing the planned services for the IFSP. Parents give written consent for Early Intervention Services by signing the IFSP. No early intervention service maybe provided without written parent consent. If a family chooses not to receive a service included on the IFSP they may decline that service without jeopardizing other Early Intervention Services. The Service Coordinator shall document the circumstance of refusal on the IFSP screen in TOTS.

7.5 Documenting the IFSP

The First Steps IFSP is documented in TOTS, including a list of IFSP team members and method of participation. The Service Coordinator must finalize the IFSP in TOTS and provide the family/caregiver/legal guardian a printed copy of the IFSP within five (5) calendar days. First Steps service providers view the IFSP on TOTS.

All items on the IFSP in TOTS must be completed as instructed. Any delays in the IFSP meeting or timely delivery of services must be documented in TOTS and include a detailed explanation/reason for the delay.

7.6 IFSP Development for Children with Established Risk Conditions with Age Appropriate Developmental Functioning

If child has no developmental delays as indicated by the PLE, the IFSP team needs to discuss with the family that while the child is eligible for First Steps, due to the confirmation of the medical condition, the child's development is age appropriate and may only require monitoring-type services and linkages to other services to address developmental strategies or family support outcomes regarding the child's developmental needs.

7.7 Implementing the IFSP

Once the parent has given consent, the IFSP is implemented as written. It is a legal contract between the Kentucky Early Intervention System (KEIS) and the family.

7.8 Six (6) Month Review

IFSPs must be reviewed at least each six (6) months. Service Coordinators should begin preparing for the six (6) month review at least forty-five (45) calendar days and no later than thirty (30) calendar days before the date of the meeting.

Preparations for the meeting include:

1) Scheduling the meeting;
2) Ensuring all providers enter progress reports in TOTS on the communication log and mail

a copy of the report to the family at least ten (10) calendar days before the meeting;
3) Notify all IFSP team members of the meeting at least seven (7) calendar days in advance by sending each team member including the family a First Steps *Meeting Notice for Families (FS-14).*

Changes to the IFSP may include:
1) the addition or revision to an outcome;
2) the frequency or intensity of a service; and/or,
3) the addition or deletion of an Early Intervention Service.

If changes are made to the IFSP at the six (6) month review meeting, the Service Coordinator must provide the family a *Notice of Action without Consent (FS-9)* that describes the proposed changes to the IFSP. The parent may sign the *IFSP Signature Page (FS-15)* while at this meeting. The Service Coordinator will send a copy of the signature page with the finalized IFSP to the family within five (5) calendar days.

The authorization for a discipline-specific assessment is not a change to the IFSP components. The Service Coordinator must obtain written consent for the discipline-specific assessment if this is the initial one for this discipline. Written consent must be collected on the *Notice of Action with Consent (FS-8)*. The discipline-specific assessment cannot be conducted until seven (7) calendar days after the date of consent.

7.9 Requested Review (Periodic Review)

More frequent reviews occur when requested by the parent(s) only or the by the parent(s) and an IFSP team member and when an Early Intervention Service is changed.

Changes should only be considered:

1) After there has been enough time for the child and family to adjust to new providers;
2) There has been adequate time for the child to practice and learn the new skills; and/or,
3) Whenever the child or family demonstrates a need for changing the IFSP.

There must be child or family specific data that supports the need to revise the IFSP. Revisions must be a result of data collection describing discussion on the variety of strategies that have been implemented by the early intervention provider(s) and parent/caregiver to date and results from the ongoing assessments by the early intervention provider(s). The data must be recent and collected by a qualified professional.

It is recommended that a reasonable timeline (approximately three (3) months) be reached before IFSP teams consider instituting any changes to the IFSP. This allows for adequate data collection to determine if changes are warranted. The IFSP team may need to meet to discuss different strategies to implement rather than adding a new service or increasing the frequency and intensity of the Early Intervention Services listed on the IFSP.

The Service Coordinator schedules the requested review meeting and sends each team member, including the family, a *Meeting Notice for Families (FS-14)* at least seven (7) calendar days prior to the meeting.

A face-to-face meeting is not needed when the requested review is to change providers (but not the frequency, intensity or location), when correcting the IFSP due to entry errors and when adding assessment units to the IFSP (Annual/Exit 5AA or discipline-specific assessments). A face-to-face meeting is required when adding a new service, increasing frequency or intensity of a service, decreasing frequency or intensity of service, discharging a child from a service or services, changing location from natural environment to non-natural environment and changing location from non-natural environment to a natural environment.

Reason for Requested Review	Face-to-Face Meeting*
Adding a new service	Yes
Increasing frequency or intensity of a service	Yes
Decreasing frequency or intensity of a service	Yes
Discharging a child from a service/services	Yes
Change in location from services in a setting that meets the definition of natural environment to a setting that does not meet the definition (i.e., home to clinic)	Yes
Change in location from a setting that does not meet the definition of a natural environment to a setting that does (i.e., clinic to home)	Yes
Change provider (not freq./intensity or location)	No
Correcting due to entry error	No
Adding assessment units (Annual/Exit 5AA or discipline-specific assessments)	No

Minimum participants at a Face-to-Face Meetings: Parent(s), Service Coordinator, and someone who can interpret evaluation/assessment data. This person may attend by conference call, report or by a knowledgeable representative.

If changes are made to the IFSP at the Requested Review (Periodic Review) meeting, the Service Coordinator must provide the family a *Notice of Action without Consent (FS-9)* that describes the proposed changes to the IFSP. The parent may sign the *IFSP Signature Page (FS-15)* while at this meeting. The Service Coordinator will send a copy of the signature page with the finalized IFSP to the family within five (5) calendar days.

7.10 Annual Evaluation of the IFSP

The IFSP team determines **continuing eligibility** and evaluates the IFSP annually. Service Coordinators should begin preparing for the annual IFSP:

1) No more than sixty (60) calendar days prior to the annual IFSP date, and,
2) No later than forty-five (45) calendar days before that date.

The Service Coordinator must ensure that the annual 5AA is conducted no earlier than sixty (60) calendar days and no later than thirty (30) calendar days prior to the annual IFSP date. All IFSP team providers must enter the six (6) month progress reports on TOTS in the communication log and mail a copy of the report to the family at least ten (10) calendar days before the meeting. The timelines for the annual evaluation of the IFSP **must** be carefully observed to ensure that the current IFSP does not lapse or terminate prior to the development of a new IFSP, **should the child remain eligible**.Typically, sixty (60) days is a recommended period of time for all team members to prepare for this evaluation meeting by reviewing progress notes, reviewing annual 5AA data, evaluating the individual outcomes in the IFSP, and for the family and Service Coordinator to meet to conduct the RBI where they discuss the family's concerns, priorities and resources as they have changed over time.

The annual evaluation of the IFSP includes the requirement that current assessments and other information be used to:

1) Develop new outcomes that help to identify what Early Intervention Services are needed; and,
2) Determine what services will be provided.

The Service Coordinator schedules the annual meeting and sends each team member, including the family, a *Meeting Notice for Families (FS-14)* at least seven (7) calendar days prior to the meeting.

If changes are made to the IFSP at the annual meeting, the Service Coordinator must provide the family a *Notice of Action without Consent (FS-9)* that describes the proposed changes to the IFSP. The parent may sign the *IFSP Signature Page (FS-15)* while at this meeting. The Service Coordinator will send a copy of the signature page with the finalized IFSP to the family within five (5) calendar days.

7.11 Lapsed IFSP Service Authorizations

Service Coordinators must make every effort to hold the six (6) month or annual IFSP meeting in a timely manner. When the six (6) month or annual review meeting has been cancelled and a new meeting does not take place prior to the end date of the authorized planned services, the Service Coordinator reviews the case with the POE Manager and/or the District Child Evaluation Specialist to determine the cause of the delay and the most appropriate next step. Parents must be informed fully of the cause for the delayed meeting and the impact such a delay may have on services to the child. If the plan lapses due to reasons other than parent initiated reasons and the child does not receive the IFSP services as written on the IFSP, the child may be eligible for compensatory services.

When the end date of the current plan is within twenty-one (21) calendar days of the child's third birthday, the IFSP team must determine if there is a need to continue services. If services are to continue but there will be no change in the frequency, intensity or service delivery method, the current plan can be extended. A *Notice of Action without Consent (FS-9)* is provided to the family, describing the continuation of Early Intervention Services. This notice must also include a statement indicating that enrollment in First Steps ends on the date the child turns three (3).

7.12 Natural Environments

In the reauthorization of IDEA (Individuals with Disabilities Education Act) in 1997, the emphasis on natural environments (the use of resources and supports that occur naturally in the child's environment) was an effort to insure that early intervention would focus on helping families and the community develop their ability to meet the needs of the children with a delay or potential for a delay. This emphasis originated with the first amendment too, which established Early Intervention Services and stated its intent was to "enhance the capacity of families to meet the special needs of their infants and toddlers."

Natural environments mean settings and service delivery systems that are natural or typical (normal) for the family and for the child's same-age peers who have no disability. This includes the home and other community settings in which children without disabilities participate. Natural learning environments are the places where children experience every day, typically occurring learning opportunities that promote and enhance their development. Services and supports should encourage opportunities for the development of relationships with children without disabilities and with a variety of adults in the community. These opportunities should also provide typically developing children with the opportunity for positive interactions and relationships with infants and toddlers with disabilities.

First Steps service providers, particularly the Service Coordinator, help the family understand the importance of using natural environments and offer assistance to identify natural supports and incorporate those into the delivery of all First Steps services.

The IFSP includes:

1) A description of the natural environment, which includes natural settings and service delivery systems, in which the Early Intervention Service is to be provided;
2) How the skills shall be transferred to a caregiver so the caregiver can incorporate the strategies and activities into the child's natural environment; and
3) How the child's services may be integrated into a setting in which other children without disabilities participate.

If the service cannot be provided in a natural environment, the IFSP shall be documented with the reason, including:

1) Why the early intervention cannot be achieved satisfactorily in a natural environment;
2) How the service provided in this location or using this approach will carry over to support the child's ability to function in his natural environment; and
3) A time line when the service might be expected to be returned to a natural environment approach.

7.13 Natural Environments and Family Choice

Early Intervention Service decisions are team decisions; therefore, justification for a service decision that establishes services outside the practice of the principles of natural environments cannot be based alone on family choice. While the family provides significant input regarding the provision of appropriate Early Intervention Services, ultimate responsibility for determining what services are appropriate for a particular infant or toddler, including the location and approach of such services, rests with the IFSP team as a whole. Therefore, it is inconsistent with early intervention practice for decisions of the IFSP team to be made based solely on preference of the family. The state bears no responsibility for Early Intervention Services that are selected exclusively by the family, outside of the IFSP team, or those services that are selected outside the bounds of natural environments without clear justification for the choice.

7.14 Intensive Level Evaluation (ILE) Requests for Children with an IFSP

The purpose of an ILE in cases where eligibility has been determined and an IFSP is in effect is to gain in-depth information so that the IFSP team can develop effective interventions and services. The information needed cannot be provided through the available 5AA, PLE, and/or any appropriate discipline-specific assessments. The results of the ILE must have direct impact on the IFSP.

ILEs may be approved when the following issues arise and there is clear documentation that:

1) The child is not responding as expected to intervention, despite attempts by the early intervention providers to change interventions;
2) The child is suspected of having an Established Risk Condition that requires significant change to the intensity, frequency, and methodology of IFSP services;
3) The child's progress appears to be impeded with no clear reason for the lack of progress and the IFSP team suspects that additional information will impact the IFSP services and interventions; and/or,
4) The child's ongoing assessment information is contradictory and the IFSP team is unable to develop appropriate interventions.

Requests for an ILE will not be approved for the following issues:

1) Child has medical sub-specialty information (i.e., from genetics, neurology, etc) available. An ILE adds little additional information to the information already available to the IFSP team.
2) Eligibility for Special Education Services (Part B) through the local district. While information from First Steps is valuable for the district to use as they process a referral from First Steps, it is not First Steps responsibility to conduct additional testing to establish eligibility or future educational placement for the schools. No ILE submitted ninety (90) days prior to the third birthday will be approved.
3) Parental desire to obtain a medical diagnosis for future services once the child exits First Steps. ILEs are approved for the impact the information has on current IFSP services—not future services that parents may seek. Service Coordinators may assist families in obtaining the appropriate resources to provide this information.

The need for an ILE should first be discussed with the DCES. If the decision is to submit a request, the Service Coordinator provides the family with a *Notice of Action with Consent (FS-8)*, describing that the reason for an ILE is for in-depth assessment of the child's developmental status. The parents must give written consent for the ILE as the initial consent for evaluation does not apply to an ILE conducted after eligibility is established. The Service Coordinator must complete the *Record Review Intensive Level Evaluation Request (FS-17)*. The TOTS record for the child must be up-to-date with all information: inquiry/referral, health, evaluation, and RBI, IFSP screens, plus all service and communication logs. The DCES must review to ensure that all of the required components for an ILE are present.

To request an ILE for a child in ongoing services, the *Request for Intensive Level Evaluation (FS-31)* must be completed and faxed to the State Lead Agency. Once parent consent and SLA approval is

obtained, the Service Coordinator submits the child's record to the designated Record Review Team.

The ILE report is written within ten (10) calendar days of the completion of the ILE. The IFSP team then reconvenes to discuss the findings and revise the IFSP following the procedures outlined in the Requested Review Section of the Policies and Procedures Manual.

7.15 Service Limitations and the IFSP process

The IFSP team must plan services according to the number of service hours identified in 902 KAR 30:200, unless approval for exemption to the limits has been obtained. IFSP teams must comply with regulatory service limits. IFSP teams design a plan within the service limits by placing the child's needs and the family's priorities as their primary consideration and by utilizing the PSP model.

To act in the best interest of the child and family, providers must implement the PSP model, use a professional approach to decision-making, use a proactive approach to service decisions about frequency and intensity, and adapt the planning process to incorporate the required limitations.

7.15.1 Collateral Services

Collateral services are a billable service for First Steps providers, who are providing Early Intervention Services for the eligible child through an IFSP and paid by the First Steps system.

1) Each early intervention provider is limited to one (1) hour of billable service for attending an IFSP meeting (Service Coordinator exempt).
2) Attendance at the Admissions and Release Committee (ARC) hosted by the public school system shall be limited to the Service Coordinator and the PSP who is limited to one (1) hour of billable service.
3) A team member can bill collateral for telephone consultation with a child's physician for developmental-related needs.

7.15.2 Primary Level Evaluator

1) A Primary Level Evaluator may participate in the initial IFSP and is paid at the collateral service rate for his or her discipline.
2) Unless prior authorized by the Department for Public Health due to a shortage of providers, a Primary Level Evaluator is not be eligible to provide Early Intervention Services to a child evaluated by the Primary Level Evaluator.

7.15.3 Service Assessment

1) Limits are separate from the other services. Service assessment is limited to no more than two (2) hours per child per discipline per assessment.
2) Discipline-specific assessments are limited to no more than three (3) per discipline per child during the child's participation in First Steps.
3) A service assessment payment is not be made for the provision of routine Early Intervention Services by a discipline in the scope of practice of that discipline. The routine activity of assessing outcomes is billed as early intervention.
4) Payment for an assessment is limited to the time spent in face-to-face contact with the child and parent.

7.16 Requests for Exception to Service Limitations

IFSP teams may determine, based upon the unique needs of the child, that additional hours are needed to effectively implement the IFSP. The team must first clearly identify the reasons for the additional hours of service based upon at least one (1) of the following factors:

1) **Lack of Progress**: The child is making little or no progress which is documented in TOTS.

   Required documentation to substantiate lack of progress:

   a. Current progress notes that includes data specific to the lack of progress;
   b. Assessment results; and,

c. Anecdotal notes or observation notes that include data specific to the lack of progress. This is documented in the service log or in a progress summary in the communication log.

2) **Critical point of instruction**: The child is making progress and with added visits the parents will learn new techniques to move the child to the next level of skills and directly address the priorities of the family and an IFSP outcome. The service increase is expected to be short term and the request for additional hours clearly indicates the need for the additional hours for a period of three (3) months or less. This shows responsiveness to an immediate need. The team will decide on the duration of services and will review any ongoing need when the authorization expires. Documentation must support the critical point of instruction and demonstrate the positive impact of the additional units.

3) **PSP model is implemented**: The IFSP team is implementing the PSP model with coaching/instruction of the parents/caregiver as the main service delivery methodology. The documentation is clear that additional hours are necessary to provide the intensity of coaching necessary for implementing the IFSP. The intensity of coaching is determined by the rate of progress demonstrated by the child with increased intensity required when faster progress noted. The distribution of hours should clearly indicate that one provider has been assigned the majority of hours as the PSP.

4) **Regression**: The child has regressed in his/her skill development and additional intervention is needed to address the concern. Developmental regression in children is never normal; however, situational skill regression can occur following a period of missed intervention. For example, the provider has not been able to see the child because of hospitalization or long term illness and the child has regressed due to lack of instruction during that period. The regression has to be more than what is expected when instruction is suspended for a period of time. Consideration for additional hours is based on the use of the "missed" hours before any additional hours are authorized.

Requests for an exception to the service limitations are sent to the Record Review Team designated by the State Lead Agency (SLA). To request consideration of additional hours, the IFSP team must complete all required forms, review request with the DCES, and submit the completed requested electronically to the Record Review Team. Where available, the request must include citation of the scientific or evidence–based research that supports the request. If not available, clinical data must be used to demonstrate the efficacy of interventions utilized to meet the IFSP outcomes. The required forms for a request include:

1) Record Review Service Exception (FS-18), and
2) Record Review Supporting Documentation (FS-19)

7.17 Appeal of Record Review Recommendations

If the IFSP team does not agree with the recommendations from the Record Review Team, an appeal to the SLA may be made. The appeal must be submitted to the attention of the Part C Coordinator. The IFSP team must submit a letter that clearly states the reasons for disagreement with the recommendations from the Record Review Team. Additional information may be included but if the Record Review Team did not have access to the newly submitted information, it will not be considered.

Should the IFSP team disagree with the findings of the State Lead Agency; the team must reconvene and include a representative of both the Record Review Team and the State Lead Agency team. If the IFSP team, at the end of this meeting, determines that the services are still needed an authorization will be issued for the duration of the IFSP plan period.

7.18 Respite

Respite may be a service provided to the family for the purpose of providing relief from the care of the child in order to strengthen the family's ability to attend to the child's developmental needs. Respite is subject to the following limitations:

1) Payment shall be limited to no more than eight (8) hours of respite per month;
2) Respite hours are not allowed to accumulate beyond each month; and,
3) Respite is limited to families in crisis, or strong potential for crisis without the provision of respite.

7.19 Group Services

Group instruction in First Steps refers to a learning environment where multiple children are receiving Early Intervention Services in the same room and interacting with one (1) or more instructors and with multiple peers. Group instruction has a common focus and intervention intent that is needed for the specific group of children enrolled in the group setting. Group instruction is necessary to achieve the IFSP outcomes.

Families often enroll their children in group settings such as preschool or childcare. Frequently, Early Intervention Services are provided individually to a child at that group location. The IFSP services are not an integrated component of the group setting—the child's participation in the group program is coincidental. In other words, the child just happens to be there. The purpose for the child attending the program is not related to the IFSP.

Group instruction is not typically required to achieve early intervention outcomes; however, when considered necessary, the IFSP team may decide to identify group instruction for the child's services.

The IFSP team must fully discuss the reasons that support the decision to provide an Early Intervention Service through group instruction. Additionally, when considering group instruction for service delivery, the IFSP should answer the following questions:

> Does the child require interaction with peers in order to benefit from the Early Intervention Services provided? Keep in mind the egocentric nature of infants and toddlers. Solitary and parallel play is typical for this age group. Spontaneous peer interactions are limited and, if peer interactions are needed as part of the Early Intervention Service, then adult mediation or facilitation may be required for the full instructional benefit to be achieved.
>
> Is the child being placed in this group in order to achieve the outcomes identified on the IFSP? Is the purpose of the group specific to children with disabilities or other special needs? Will the time spent in "group" impact the outcome? If "group" instruction is required to achieve the outcome, how will this be achieved when the child is not in "group"? How will the family replicate group instruction if this is the methodology that the child must have to achieve the IFSP outcomes?
>
> Is group instruction a viable teaching methodology for the age and developmental level of the child? Will the child benefit from less individual instruction/attention that occurs when providing group instruction? What enhancement to learning will this methodology produce that individual instruction cannot provide? The child's ability to focus on the appropriate model or adult while facing the distractions of other children is critical to ensure effective group instruction.

The decision to provide group instruction is a deliberate decision that supports the specific instructional methodology necessary to teach this child and family. It is not a decision based upon the belief that a child will generally benefit from the group. Typically, all children will gain some level of incidental benefit when in a group learning environment. Early Intervention Services are comprised of specially designed strategies that are not gained through the typical curriculum of a child care or preschool environment. Group instruction has clear learning objectives that are regularly assessed to validate the effectiveness of the instruction.

It is unacceptable to identify group instruction for the following reasons:

1) To provide general benefit
2) To prepare for preschool
3) To provide opportunity for play with peers when communication and social skills are developmentally appropriate for peer interaction
4) To provide convenience for providers

When a child is authorized for group services, the child must receive the group instruction for the full time authorized for group. Individual services such as OT or Speech cannot be provided during the group

instruction time. If a provider delivers individual services during the group session, the group session time must be adjusted to reflect the lack of group instruction while the child was seen individually.

If two (2) providers (individual discipline and group leader of different discipline) are working with the child in order to ensure the child's engagement and participation in the group, this must indicate this as co-treatment. Documentation must support that both interventionists were addressing the same outcome and skills in a coordinated and planned approach.

Limitations for Group Services

1) Group service is not included in the twenty-four (24) or thirty-six (36) hours of early intervention per six (6) months.
2) Children are not eligible for both group and individual services in the same developmental domain currently on the IFSP.
3) A group provider must be approved by the Department for Public Health and can practice without direct supervision.
4) The ratio of staff to children in group early intervention is limited to a maximum of three (3) children per professional and paraprofessional per group.
5) Payment for siblings seen at the same time is calculated by dividing the total time spent by the number of siblings to get the amount of time to bill per child.
6) Group is limited to an additional forty-eight (48) hours during a six (6) month plan.

7.20 Co-Treatment

Payment is limited to three (3) disciplines providing services concurrently.

7.21 Early Intervention Services

The hours allotted for service coordination and service assessment are not included in the hours allowed for Early Intervention Services for the child and family**.**

1) If the child needs only one (1) Early Intervention Service, the team can plan for up to twenty-four (24) total hours of intervention for a six (6) month plan.
2) If the child needs more than one (1) Early Intervention Service, the team can plan for up to thirty-six (36) total hours of intervention.
3) For early intervention, service must be limited to one (1) hour per day per discipline per child.
4) Payment for siblings seen at the same time is calculated by dividing the total time by the number of siblings to determine the amount of time to bill per child.

Example of Distribution of Hours in Planning for Single Early intervention Service

Total Service Limit per six (6)-month plan: twenty-four (24) hours over the course of the twenty-six (26) weeks

To allow for family/therapist illness, vacation, and holidays these examples are based on visits being made for twenty-four (24) out of twenty-six (26) weeks (six (6) month) period.

Example: DI service with frequency & intensity options
DI: 60 minutes = 1 hour per week for 24 weeks;

Or 30 minutes = ½ hour two times (2X) per week for 24 weeks;
Or 60 minutes = 1 hour two times (2X) per week every other week for 24 weeks;
Or 60 minutes = 1 hour two times (2X) per week for 12 weeks;
Or 60 minutes = 1 hour five times (5X) per week for 4 weeks followed by
60 minutes = 1 hour one time (1X) per month for 4 months.

Example of Distribution of Hours in Service Planning for two (2) or more Early Intervention Services

Total Service Limit per six (6) month plan: thirty-six (36) hours over the course of the twenty-six (26) weeks

Based on the family's priorities and concerns and the child's assessed needs, distribute service hours per discipline by determining the appropriate duration/intensity per service session and the frequency of visits. To assure that the maximum allowable service hours are not exceeded, use the totals referenced above.

Example:
PT is the Primary Service Provider and the OT is consulting with the PT
Family is mostly concerned with the child's motor skills.
Based on twenty-six (26) weeks in a six (6) month plan:

PT: 60 minutes (1 hour) per week for 24 weeks = 24 hours
OT: 60 minutes (1 hour) 2X a month for 6 months = 12 hours

Example of Distribution of Hours in Service Planning for three (3) or more Early Intervention Services

Example:
ST is the Primary Service Provider and the DI and OT are consulting with the ST
Family is mostly concerned with the child's talking. Child also has cognitive and self help concerns.

ST: 60 minutes (1 hour) 1X per week for 24 weeks = 24 hours
DI: 60 minutes (1 hour) 1X a month for 6 months = 6 hours
OT: 60 minutes (1 hour) 1X a month for 6 months = 6 hours

NOTE: Any service combination can be written into a service plan with two (2) or more disciplines as long as the total service limit per six (6) month plan does not exceed thirty-six (36) hrs.

Chapter 8: Assistive Technology

Assistive technology (AT) services and devices are Early Intervention Services as defined by Part C of the IDEA. Federal and state regulations implementing Part C of IDEA provide for assistive technology devices when these devices are necessary to increase, maintain, or improve the functional capabilities of an infant or toddler in one (1) or more of the following areas of development:

- physical
- communication
- cognitive
- social-emotional
- adaptive

IDEA defines assistive technology devices and services as follows:

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities.

Federal Performance Indicators:

Indicator 1: Percent of infants and toddlers with IFSPs who receive the Early Intervention Services on their IFSPs in a timely manner. Target 100%

Indicator 2: Percent of infants and toddlers with IFSPs who primarily receive Early Intervention Services in the home or community-based settings.

Indicator 3: Percent of infants and toddlers with IFSPs who demonstrate improved:

A. Positive social-emotional skills (including social relationships);
B. Acquisition and use of knowledge and skills (including early language/ communication); and
C. Use of appropriate behaviors to meet their needs.

Indicator 4: Percent of families participating in Part C who report that Early Intervention Services have helped the family:

A. Know their rights;
B. Effectively communicate their children's needs; and
C. Help their children develop and learn.

Federal Regulations: 34 CFR 303.322, 303.340 through 303.346

State Regulations: 902 KAR 30:130

AT devices can range from items considered low technology to those considered high technology. Low technology devices are items that rely on mechanical principles and can be purchased or made using simple hand tools and easy to find materials. High technology devices include sophisticated equipment and may involve electronics.

Assistive technology service means a service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive technology services include:

> "(i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
>
> (ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
>
> (iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
>
> (iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
>
> (v) Training or technical assistance for a child with disabilities or, if appropriate, the child's family; and,
>
> (vi) Training or technical assistance for professionals (including individuals providing Early Intervention Services) or other individuals who provide services to, or are otherwise substantially involved in, the major life functions of individuals with disabilities" 34 CFR Sec. 303.12 (d)(1).

The IFSP team determines whether assistive technology is necessary to increase, maintain, or improve the functional capabilities of a child. The IFSP team decides that AT is needed, based either on an AT Assessment completed by an AT Provider, or by a provider on the child's team qualified to make that

recommendation. AT devices appropriate for First Steps purchase must be usable by the child/family independently to meet a developmentally appropriate outcome. Devices are not to be used solely as a therapy tool by an early intervention provider.

The AT Provider or other Service Provider on the child's team makes recommendations as to the AT device needed. If an assessment was authorized and completed related to this process it must be entered in the child's record in TOTS on the evaluation /assessment screen by the provider. A brief written statement must be entered in the communication log by the provider, documenting the justification for the device, exact item, size, manufacturer, etc.

The IFSP team determines whether this is an item that can be rented, and whether rental is a reasonable option for this child. Teams are encouraged to consider short-term rental of an expensive item to be sure it is right for a child before purchasing. An informed decision is made whether to rent or purchase.

If the decision is to purchase the device, families must understand the ownership issues associated with this purchase:

1) If First Steps pays for a device authorized by the IFSP, the device is considered the property of First Steps.
2) If Medicaid or private insurance pays for a device authorized by the IFSP, the device is considered the property of the family.

Items that are the property of First Steps must be returned to First Steps when the child is three (3). Parents may purchase the device from First Steps at a depreciated cost. The family must notify the Service Coordinator of their intent to purchase the device prior to the child turning three (3). The Service Coordinator then contacts the State Lead Agency Financial Administrator of the family's intent. The Financial Administrator then will work with the family to complete the purchase.

The Service Coordinator makes sure that justification has been documented for the AT device and that the use of the device is linked to the child outcomes.

8.1 Notice and Consent Issues with AT

The first time a family agrees to obtain assistive technology, the Service Coordinator must complete a *Notice of Action with Consent (FS-8)* with parental signature for "consent" to assistive technology. This is a result of a periodic or requested review of the IFSP. If at any time the parent requests assistive technology that the IFSP team determines is not necessary, then the Service Coordinator must complete a *Notice of Action without Consent (FS-9)* for the parent's request for assistive technology.

If a device is not the initial assistive technology purchase, but is a replacement or additional device, the Service Coordinator must complete a *Notice of Action without Consent (FS-9)* for a change in IFSP for the device; however no consent is required.

A provider may use an assistive technology device on a short-term, trial manner in order to determine if it might be appropriate for a child (e.g., trying it out). This does not require an IFSP team decision. Merely trying a device would not trigger a change in the IFSP and does not require Notice of Action. The Service Coordinator notes any discussion with the provider or family regarding this trial in the service log on TOTS.

8.2 AT Device Procurement Procedures

8.2.1: Rental

1) The Service Coordinator documents AT information on AT screen in TOTS. Each device requested must be entered separately.
2) The SLA reviews rentals using AT report features. Each rental item can be assigned a separate AT Control number without regard to its origin.
3) The Service Coordinator contacts the AT Center to determine if the requested item is available for rent and the cost of the item. On the AT screen, the estimated cost of the item is required, not the monthly rental fee. If the requested item is available from that AT center,

center staff will place a hold on the item and the Service Coordinator authorizes the AT device on planned services.

4) If the requested item is not available from that AT Center, the Service Coordinator will contact another AT Center to locate the item. If no rental can be found, the team should consider if a purchase is warranted.
5) Once the Service Coordinator locates a center that has the requested item available for rent, the Service Coordinator will authorize that Center on the planned services screen.
    a. On planned services, the SC enters:
        - Outcome number addressed
        - Start/ End Dates: date of the approval /plan end date
        - Ensure that Accept Service is checked
        - Do not check Permit Insurance for rentals
        - Service Name: AT Device
        - Provider: Agency and Provider
        - AT Device: User chooses one (1) device for each authorization
        - Method: Individual
        - Setting: Home
        - Frequency: X time biannually
        - Intensity: One (1) Hour
        - Payor source: For rentals, always choose First Steps as Payor One (1).
        - In the note section, briefly state the maximum total liability based on the rental price X term (e.g. $25 X 4 months)
    b. Limitations are one (1) to four (4) months for items up to $100, one (1) to eight (8) months for items $100-$500, and one (1) to ten (10) months for items $500 & up.
6) Once AT device has been authorized on planned services, TOTS will send an individual message through the announcement feature. Subject Line is "AT Device for (Name) #XXXXX ". Message: The IFSP team for (Name) #XXXXXX has documented (device name) to be supplied for this child. Please review the planned services screen in this child's record for complete details." The AT Center will complete a service log noting the AT item and cost of the first month's rental. Each month of the authorized rental, the AT Center will enter a service log.
7) The AT Center will complete the accounts payable screen each month of the loan.
8) State Lead Agency staff will approve/disapprove the loan amount.
9) The AT Center will find the item listed as approved/disapproved on the child's account payable screen and on their own agency invoice report. Once the State Lead Agency makes a billing approval decision TOTS will send an individual message through announcement feature which will allow child name and other details to be included) directly to the AT Center provider notifying them. Subject Line is "*Billing Approval Decision re: Child # XXXXXX*". Message: "*The State Lead Agency has APPROVED/ REJECTED your billing for First Steps funding for an AT Device for Child #XXXXXX. Please review the account payable screen in this child's record for complete details. Questions about decisions should be directed to the State Lead Agency at* chfs.*firststeps@ky.gov .* "
10) If approved, the AT vendor will deliver the item as soon as possible. **AT providers who deliver prior to the State Lead Agency approval risk the item not being approved for payment.**
11) The Service Coordinator will arrange for delivery to the family by the provider who requested or will show family how to use it.
12) The Service Coordinator will enter the date of delivery on the AT screen.
13) The Service Coordinator is responsible for informing the family that the AT device is rented and explain how and when it will be returned.

8.2.2 Return of Rented AT Devices:

It is the Service Coordinator's responsibility to pick up the item when the loan time period is over, when the item is no longer in use, or when the child turns three (3), whichever is sooner.

1) The Service Coordinator will mark the item as Returned to AT Center or Lost/Destroyed.

2) The Service Coordinator will document the return date and circumstances on the AT screen, in their service coordination service log (not AT service log), and on any future IFSP and/or the transition/exit screen.

8.2.3 Purchase of the AT Device:

1) The Service Coordinator seeks funding through all other possible sources, such as a Medicaid durable medical equipment (DME) provider, other programs that might serve this child, etc.
2) If the Service Coordinator finds that there is another payor source, this is documented in the Service Coordinator's service log and the family and provider are notified, and the item is ordered by either the Service Coordinator or the physician. In some cases the provider will place the order. There is no planned service entry for an item in this circumstance. The AT device information is included in the IFSP screen under item number four (4) family assessment, other services.
3) If the Service Coordinator finds that First Steps is the only payor available, then the Service Coordinator documents AT information on AT screen. Each device requested must be entered separately.
4) The Service Coordinator contacts the First Steps AT vendors to determine the estimated price of each item and records this on the AT screen.
5) If a single item costs less than $100, the Service Coordinator completes the screen and the planned services.
6) If any single item costs over $100, it must be approved by the AT Monitoring Committee prior to purchase. When the Service Coordinator saves the request date and other information on the AT screen, TOTS supplies the child's information for monitoring at the State Lead Agency under a link entitled "AT Requests Awaiting Approval". The AT Monitoring Committee will document the decision on AT screen on the child's record. When the Monitoring Committee chooses "Approve" or "Reject", TOTS will send an individual message through announcement feature which will allow child name and other details to be included) directly from TOTS to the Service Coordinator, notifying them. Subject Line is "*Monitoring Committee Decision re: Child # XXXXXX".* Message: "*The AT Monitoring Committee has APPROVED/ REJECTED your team's request for First Steps funding for an AT Device for Child #XXXXXX. Please review the AT screen in this child's record for complete details. Questions about decisions should be directed to the AT Monitoring Coordinator at chfs.firststeps@ky.gov. "*
7) If the Service Coordinator receives notification that the purchase is NOT approved, the Service Coordinator will notify the family and other team members of this decision, and alternative strategies will be discussed.

If, however, the Service Coordinator receives notification that the purchase is approved, the vendor will be authorized on the planned services. The Service Coordinator must complete the AT screen for each device prior to entering authorization on planned services.

a. On planned services, the SC enters one (1) authorization for each item:
    - Outcome number addressed
    - Start/ End Dates: date of the approval /plan end date
    - Ensure that Accept Service is checked
    - Check Permit Insurance if family has approved use of insurance
    - Service Name: AT Device
    - Provider: Agency and Provider
    - AT Device: User chooses one device for each authorization. [TOTS will supply drop down list of abbreviated device descriptions from AT screen for all items requested in the last 60 days.]
    - Method: Individual
    - Setting: Home
    - Frequency: One (1) time biannually
    - Intensity: One (1) Hour
    - Payor source: if Insurance is Permitted, choose Insurance as Payor One (1) and First Steps as Payor Two (2). If no Insurance is permitted, choose First Steps as Payor One (1).

8) Once AT device has been authorized on planned services, TOTS will send an individual message through announcement feature. Subject Line is "AT Device for (Name) #XXXXX ". Message: The IFSP team for (Name) #XXXXXX has documented (device name) to be supplied for this child. Please review the planned services screen in this child's record for complete details."
9) The AT vendor will complete a service log noting the date that each AT device purchase is logged by choosing each AT device authorization, which will display the item name. There may be multiple AT device authorizations. AT vendor will only have to enter the exact price for each item and Save.
10) The AT vendor will then complete the billing on the accounts payable page with the total cost for each item.
11) State Lead Agency staff will review and approve/disapprove the purchase amount on the account payable screen.
12) The AT vendor will find the payment listed as approved/disapproved on the child's record and their own agency invoice report. Once the State Lead Agency makes a billing approval decision, TOTS will send a message (changed to individual message through announcement feature which will allow child name and other details to be included) directly to the AT Center provider notifying them. Subject Line is *"Billing Approval Decision re: Child # XXXXXX*". Message: *"The State Lead Agency has APPROVED/ REJECTED your billing for First Steps funding for an AT Device for Child #XXXXXX. Please place this order ASAP. Please review the AT screen in this child's record for complete details. Questions about decisions should be directed to the State Lead Agency at chfs.firststeps@ky.gov."*
13) If approved, the AT vendor will order the item, deliver it ASAP. **AT providers who order prior to the SLA approval risk the item not being approved for payment.**
14) The Service Coordinator arranges for delivery to the family by the provider who requested the device or will show the family how to use it.
15) The Service Coordinator enters the date of delivery on the AT screen.
16) The Service Coordinator is responsible for informing the family that AT devices purchased with state general fund dollars are the property of First Steps and must be returned or purchased at a depreciated cost when the child turns three (3).
17) The Service Coordinator is responsible for documenting the continued use of AT devices on their own service logs and subsequent IFSP's, and for documenting when items are no longer in use. If the item was purchased by First Steps, the Service Coordinator will follow Return of Purchased AT Devices.

8.2.4 Return of Purchased AT Devices:

It is the Service Coordinator's responsibility, as part of transition planning, to discuss options with the family when the item is no longer in use, or when the child turns three (3), whichever is sooner. There are five (5) choices to document disposal of items:

1) Returned to AT Center: First Steps will return the device to AT Center, which may reuse, refurbish or destroy. In this case the Service Coordinator must pick up the item when the child turns three (3), or when the item is no longer in use, whichever is sooner, and return it to the AT center.
2) Purchased by Family/School at depreciated cost: The Service Coordinator is notified of the intent to purchase the device. The Service Coordinator then contacts the State Lead Agency Financial Administrator of the intent. The Financial Administrator then will work with the buyer to complete the purchase.
3) Purchased by Medicaid: Device remains with child and family.
4) Lost/Destroyed: Family lost device or it was destroyed.
5) Not Returnable Due to Sanitary Reasons (example: bath chair, weighted vests, feeding utensils)

The Service Coordinator documents the return date and circumstances on the AT screen, in the service log (not AT service log), and on any future IFSP and/or the transition/exit screen.

Chapter 9: Transition

The IDEA requires each state to have policies and procedures to ensure:

1) A smooth transition for toddlers receiving Early Intervention Services to preschool or other appropriate services, including a description of how First Steps will notify the Local Education Agency (LEA) that the child will shortly reach the age of eligibility for preschool services under Part B. The references for this for the law and regulations are: 20 U.S .C. §1437(a) (8) (A); 34 CFR §303.148.
2) Section 637(a) (8) (A) (ii) (II) of the IDEA also requires the lead agency to convene a conference, with the approval of the parents with First Steps, the family, and the LEA at least ninety (90) days and up to six (6) months before the child is eligible for preschool services under Part B, to discuss any such services that the child may be eligible to receive.

Federal Performance Indicators:

Indicator 8: Percent of all children exiting Part C who received timely transition planning to support the child's transition to preschool and other appropriate community services by their third birthday including:

A. IFSPs with transition steps and services;
B. Notification to LEA, if child potentially eligible for Part B; and
C. Transition conference, if child potentially eligible for Part B.

Target: 100%

Federal Regulations: 34 CFR 303.330 through 303.346

State Regulations: 902 KAR 30:110 & 30:130

These policies also require the Kentucky Department of Education to ensure: that children served under Part C who will participate in Part B preschool programs experience a smooth and effective transition to those preschool programs that by the third birthday of a child eligible under Part B, that an Individualized Education Program (IEP) with appropriate content has been developed and is implemented for the child and that each LEA will participate in transition planning conferences arranged by First Steps.

Young children and their families often experience transitions across multiple environments in the early childhood years. Many of these transitions are identified as stressful for children and families. To facilitate the smoothest transitions possible, both within the First Steps service system and transition out of First Steps at age three (3), the Early Intervention System addresses transition using evidence-based practices as follows:

1) Transition needs are addressed with families at every IFSP meeting to prepare families for transition
2) DEIC or transition workgroups meet regularly to establish and maintain relationships and communication which support transition successes, including sharing resource information with families.
3) Regional agencies and stakeholders develop community-specific activities across agencies, such as transition training for families, program visitation with families and IFSP outcomes for children and families.

The practices outlined in this chapter are the Early Intervention System requirements developed by First Steps to support children and families in all transition events.

For those children and families experiencing a transition into or within the First Steps system:

1) The Service Coordinator must identify the specific nature of the transition with the family and then document the transition issues with the other team members.
2) The IFSP team must discuss how services will be provided (or what modifications are needed) to facilitate a smooth transition and to ensure that there will be no unnecessary disruption in services for the eligible child and family.

In addition to the actual transition that all newly referred and eligible children and families experience into First Steps, some other examples of early transitions include:

1) Significant family/child changes:

a. Impending birth of a new child
b. Family relocation or job change
c. Unemployment
d. Divorce or marriage, etc.
e. Long term illness of a child

2) When children are no longer going to receive a service, special consideration should be given to transition planning. An example would be when terminating one (1) or more services and the child is continuing in First Steps. There should be sufficient time for the provider and family to disengage with their provider in a positive and supportive manner.

9.1 Early Exit-Record Closure

Children may exit First Steps prior to age three (3). Examples of child exiting prior to age three (3) include:

1) Meeting all outcomes and no longer being eligible
2) Parent declines services
3) Child is deceased
4) Moving out of state

The reason for early withdraw from First Steps must be entered in TOTS on the transition/exit screen. This data is part of the annual federal data report.

With the exception of a child who is deceased, if the child experiences early transition from First Steps, an exit 5AA must be completed prior to the child's exit and case closure at the POE. The exit 5AA is administered if no 5AA has been conducted within the previous one hundred and twenty (120) calendar days. The Service Coordinator completes the authorization and contacts the PSP. The PSP schedules and conducts the exit 5AA, enters the assessment report in TOTS and enters the item data in KEDS.

If a child exits First Steps before age three (3) for any reason and does not have an active IFSP, the LEA will handle this case as a new referral to them. The LEA, then, is not obligated to have an evaluation and IEP in place by the child's third birthday.

9.2 Transferring a Record from One (1) POE Region to Another POE Region

When a family moves from one (1) POE region to another POE region, the transfer of records and services must occur.

Note: A *Consent to Release/Obtain Information (FS-10)* is not required when transferring records between POEs.

Service Coordinator Responsibilities:

1) Notify all current providers of the fact that the family is moving and the effective date. Explain to current providers that their authorizations will be cancelled and that they should not provide any services until the new POE has opened the child's case and input new authorizations. Document these contacts in the service log in TOTS.

Sending (current or previous) POE Responsibilities:

1) Service Coordinator completes final steps for record closure.
2) Program Manager transfers case to new POE.

Receiving or "New" POE Responsibilities:

1) Upon receipt of child's case file, assign a Service Coordinator, schedule meeting with family and open both the hard copy and electronic files. Referral, intake, eligibility, and IFSP dates should be the original dates listed in the hard copy file.
2) At initial meeting with family, bring a list of available providers in the area so that the parent can choose a new provider(s) if needed.

3) The new SC schedules a follow-up IFSP meeting and invites the new providers. The team reviews the IFSP and makes any needed changes.

9.3 Transition at Age Three (3)

The 2004 reauthorization of the Individuals with Disabilities Education Improvement Act (IDEA, PL 108-446) requires that certain steps be taken when a child transitions out of Part C services at age three (3). The transition process begins at the initial IFSP and is addressed throughout the First Steps process and at each IFSP team meeting.

IDEA Part C regulations require that the Part C lead agency … "notify the local educational agency for the area in which the child resides that the child will shortly reach the age of eligibility for preschool services under Part B of the act…"

On a quarterly basis the SLA notifies the Kentucky Department of Education (KDE) of any children ages two (2) or above. The KDE sends the list of children to the appropriate LEA. It is important that all options, including a referral to the local school for Part B special education services, be considered and discussed with the family. Parents who do not want directory information released to KDE must complete and sign the *Transition Information for Parents (FS-11)*. The Service Coordinator must uncheck box number two (2) "Is the child potentially eligible for Part B?", on the transition/exit screen in TOTS. Transition steps must be developed that identifies other appropriate options for the child and family including private preschool, Head Start, Early Head Start, child care, or other community early childhood programs. Even though First Steps send a list to the KDE, the Service Coordinator is still responsible for inviting the LEA to the Transition Conference.

Service Coordinator Responsibilities:

1) Schedule and convene a Transition Conference between the child's two year, three month (2yr., 3 mo.) age and two year, nine month (2 yr., 9 mo.) age in order to meet the timelines for Part B eligibility determination and IEP development. This may be part of the periodic IFSP meeting or a stand-alone meeting. If the LEA does not participate in the conference, the Service Coordinator must still hold a Transition Conference under IDEA section 637(a) (9) (A) (ii) (II) at least ninety (90) days (and at the discretion of all parties, nine (9) months) prior to the child's third birthday and must have invited the LEA representative to the conference.
2) Send the invitees a *Meeting Notice for Families (FS-14)* no less than seven (7) calendar days prior to the meeting. This advance notification assists with scheduling for the LEA and the completion of necessary activities within the established timelines.
3) If the family does not want the LEA invited to the transition meeting, the Service Coordinator must have the family sign the *Transition Information for Parents (FS-11).*

LEA Responsibilities:

1) IDEA, Part B states "By the third birthday of such a child, an Individualized Education Program (IEP) …has been developed and is being implemented for the child." Because of the requirements to provide a Free Appropriate Public Education (FAPE), LEAs must have the evaluation completed and IEP implemented by the child's third birthday.
2) Provide the team with all available service delivery options for that child.
3) LEAs must obtain parent consent and conduct a multidisciplinary evaluation of the child to determine eligibility for Part B services.

Family Responsibilities:

1) Sign *Consent to Release/Obtain Information (FS-10)* in order to send the IFSP and assessment information to LEA.
2) Attend the Transition Conference.
3) Participate in the Exit 5AA evaluation.
4) Participate in the LEA evaluation.

9.4 The Transition Conference

The purpose of the meeting is to discuss and develop steps for the upcoming transition of the child from

Part C. IDEA requires that, with the family's approval, an IFSP meeting to discuss the upcoming transition will be held between two (2) years, three (3) months and two (2) years, nine (9) months.

The transition discussion must include:

1) a review of the child's options from the child's third birthday through the remainder of the school year; and,
2) a transition plan that includes the steps to exit from Part C.

Other Transition Conference Attendees:

1) Other community partners such as community preschool agency representatives, Head Start, community/ private childcare agencies, etc. may be invited to the Transition Conference. This is their opportunity to describe the services provided by their agency and answer any questions the parent may have.

Note: It is the LEA's responsibility to attend the Transition Conference. While the Service Coordinator may try to accommodate scheduling the meeting at a time and location convenient for the LEA representative, the conference must be held no later than ninety (90) calendar days prior to the child's third birthday.

9.5 Document and Implement the Transition Steps

Documenting transition includes the following activities:

1) Complete the transition/exit screen on TOTS. Document that necessary discussions have taken place with the family regarding transition from First Steps. This section must be completed at all IFSP meetings including initial, annual and IFSP revisions. Complete the following:
    a. Procedures the team will use to prepare the child for the upcoming transition
        - Discussions about procedures to prepare the child for changes in service delivery;
        - Discussions with parents regarding future placements and other matters related to the child's transition; and,
        - Discussions with parents regarding community programs available following transition from Part C.
    b. Program options identified by the team – choose any of the following:
        - Part B
        - Head Start/Early Head Start
        - Child Care
        - Other community resources
        - Medicaid EPSDT services
        - Other

The Service Coordinator is responsible to ensure that all elements identified throughout the Transition Conference are properly implemented.

9.6 ARC/IEP Participation by IFSP Team Members

Part B regulations required that the LEA invite a representative of the Part C program to the IEP meeting if the parent requests their attendance.

1) The Service Coordinator must make every effort to participate in the initial IEP meeting if invited by the LEA at the request of the parent.
2) Service Coordinator documents attendance or inability to attend in Service Coordinator service logs on TOTS.
3) The PSP may attend one (1) ARC meeting at the expense of First Steps. Many LEAs hold two (2) ARC meetings—one (1) ARC to discuss the referral and plan the Part B evaluation and two, the ARC meeting to develop the IEP. The IFSP team needs to determine which meeting is most appropriate for the PSP to attend at First Steps cost.

9.7 Exit 5AA/Outcomes Measurement

An exit 5AA must be scheduled with all required documentation entered into TOTS and KEDS prior to the child's exit at age three (3). This must be completed between the ages of 2 years, 9 months and 3 years and must be completed prior to case closure at the POE. If an annual IFSP is completed between the two years, nine months (2yr., 9mo.) and three (3) year age of the child's exit, the annual 5AA may be used for exit data.

9.8 Exit IFSP Meeting

To support a smooth transition from First Steps, an exit IFSP meeting may be held. Discussions at this meeting should focus on the results of the 5AA, review of the current developmental status, review of the progress the child and family has achieved, and review of the supports and services available after age three (3). This meeting is optional and provides closure to the family as they exit First Steps.

9.9 Procedures for Children Referred Ages 2 Years, 9 Months Through 2 Years, 10.5 Months

If the child is forty-five (45) to ninety (90) calendar days from turning age three (3), First Steps must implement the intake procedures for the referral. Parents must be informed that if the child is eligible for First Steps, the focus of IFSP development will be transition to future services.

For this group of children who are late referrals, the First Steps eligibility meeting is also a Transition Conference. An IFSP must be developed for eligible children that focuses on the steps and services needed for transition. Since the child's enrollment in First Steps is very short, the focus of any First Steps service needs to be on facilitating future services. If the child is potentially eligible for services through the LEA, the LEA representative must be invited to this meeting.

9.10 Procedures for Children Referred at Age 2 Years, 10.5 Months or Older

Inquiries/referrals for children within this age range (2 years and 10.5 months to 3 years of age) are not accepted for First Steps due to the inability to determine eligibility within timelines prior to aging out at age three (3). The POE must notify the parent in writing that due to the child's age at time of referral there will be no evaluation to determine First Steps eligibility (*Notice of Action without Consent (FS-9*). The POE is responsible for connecting the parent with the appropriate school district or other community resource such as Head Start to inquire about services for the child at age three (3).

9.11 Record Closure

On the third birthday, the child's eligibility for First Steps ends. Families are provided a *Notice of Action without Consent (FS-9)* that identifies that the child is no longer eligible for services at age three (3) and that all services will end. This notice must be provided at least seven (7) calendar days before the child's third birthday.

Discharge summaries are also written by each service provider (with the exception of service coordination) and placed in the communication log on TOTS at least ten (10) calendar days of case closure. Each provider on the team completes a discharge summary which states what each provider has done with the child, the child's progress, outcomes that have been met, and where the child is functioning at the time of discharge.

When a child exits First Steps, it must be documented on TOTS.

1) First, the Service Coordinator edits the planned services, revising the end date of services for all current authorizations. The end date must match the exit date that will be entered on the transition/exit screen.
2) Next, the Service Coordinator ensures that all of their service notes, exit assessments, and discharge summaries have been entered into TOTS before closing the case.
3) When the Service Coordinator is ready to close the case and make the chart inactive, the exit/close information on the transition/exit screen in TOTS is completed.
    a. First enter the exit date. This is the effective close date. No other First Steps services can be provided for the child after this date.
    b. Next, select the exit reason.
    c. Additional information concerning the case is entered in the note section. After the exit information is entered, the Service Coordinator saves the information that has been

entered. Once the save button is selected, the child's record is inactive.

4) Service Coordinators must close the case within fifteen (15) calendar days of the exit date.

Note: There must be an exit reason chosen and documented in TOTS on the transition/exit screen in TOTS. This data is reported to the U.S. Department of Education.

Chapter 10: Case Closure

There are numerous reasons why a case would need to be closed prior to the child's third (3rd) birthday. These reasons can occur at different stages in the process. However, keep in mind, **under no circumstances is a case to be closed while Early Intervention Services are actively provided under the IFSP.**

When a child exits First Steps, it must be documented on TOTS.

1) First, the Service Coordinator edits the planned services, revising the end date of services for all current authorizations. The end date must match the exit date that will be entered on the transition/exit screen.
2) Next, the Service Coordinator ensures that all of their service notes, exit assessments, and discharge summaries have been entered into TOTS before closing the case.
3) When the Service Coordinator is ready to close the case and make the chart inactive, the exit/close information on the transition/exit screen is completed.
    a. First the Service Coordinator enters the exit date. This is the effective close date. No other services can be provided for the child after this date.
    b. Next, select the exit reason.
    c. Additional information concerning the case is entered in the note section. After the exit information is entered, the Service Coordinator saves the information. Once the save button is selected, the child's record is inactive.
4) Service Coordinators must close the case within fifteen (15) calendar days of the exit date.

10.1 Closure if Family Cannot be Contacted

Inquiry Phase: If the POE is unable to contact the family by telephone or in writing within ten (10) working days of the receipt of the inquiry, a *Unable to Contact Referral Letter* (FS-4). The inquiry is considered closed at this point.

Referral Phase: If the POE staff is unable to contact the family either by phone or in writing, the *Unable to Contact Referral Letter (FS-4)* is sent to the family within ten (10) working days of the referral. This letter should encourage the family to contact the POE at anytime to initiate services or to ask further questions. If the POE staff is unable to locate the family, they may contact the referral source to inform them that the family has not been reached and to request additional contact information. The POE documents the inability to contact the family in the child's TOTS record and closes the record after ten (10) calendar days if no parent contact.

IFSP Phase: If, when attempting to contact the family, the phone number has been disconnected, call the PSP and ask if they have a different number or if they have suggestions on how to contact the family. If there is no answer when attempting to contact the family by phone, leave a message if an answering machine or voice mail is available. Document all attempts to contact the family in the communication log.

If after three (3) consecutive attempts, the Service Coordinator cannot contact the family, then the *Unable to Contact Referral Letter (FS-4)* is sent to the family within seven (7) working days of the last attempt to contact, asking family to indicate whether or not they want to continue services. The letter must state two (2) things: 1) that service will end until the Service Coordinator is contacted and 2) if no contact is made by the family, service will end fifteen (15) calendar days from the date of the letter.

The Service Coordinator then notifies the provider of the effective date for termination of services.

10.2 Persistent No Show

There is also a chance that a service provider goes to the home for a visit to deliver EIS and no one is there. If this happens for three (3) consecutive visits, then the provider contacts the Service Coordinator within seven (7) calendar days after the last absence. The Service Coordinator then contacts the family to discuss the circumstances for the absence. If the Service Coordinator is successful in contacting the family, then the information concerning the absence is shared with the provider within seven (7) calendar

days of the discussion.

If the Service Coordinator cannot contact the family, then a letter is sent to the family within seven (7) calendar days of the last attempt to contact, asking family to indicate whether or not they want to continue services. The letter must state two (2) things: 1) that service will end until the Service Coordinator is contacted and 2) if no contact is made by the family, service will end fifteen (15) calendar days from the date of the letter.
The Service Coordinator notifies the provider of the effective date for termination of services.

10.3 Family Moves Out of State
A *Consent to Release/Obtain Information (FS-10)* must be signed by the parent when a family moves out of state and the parent wants the record sent to the new program in the other state. Once the POE receives the signed Release, they must comply with the request.

10.4 Family Withdrawals from Services
When a family notifies the Service Coordinator that they no longer wish to participate in First Steps, the Service Coordinator must send a *Notice of Action without Consent (FS-9)* to the family indicating what services are terminating. This form must be sent no later than seven (7) working days after the date of notification of withdrawal from the family.

10.5 FERPA Clarifications for Release of Information
First Steps falls under the jurisdiction of the Family Education Rights and Privacy Act (FERPA) provisions. Due to this, early intervention records are considered educational records. The IDEA regulation found at 34 CFR 303.5 states that references to state educational agency means the lead agency for Part C and that reference to special education and related services means Early Intervention Services. Also, references to a local educational agency means a local service provider.

10.5.1: Releasing information to Child Protection Agencies
While FERPA does not specifically permit schools and early intervention programs to disclose information from a child's education record to a child welfare agency if a child is a suspected victim of child abuse, OSEP has advised schools and early intervention programs that they may do so under the Federal Child Abuse Prevention and Treatment Act (CAPTA). The review of CAPTA indicates that it is a later enacted, more specific Federal statute that conflicts with FERPA regarding the disclosure of information, and that Congress intended to override the privacy protections of FERPA when it enacted CAPTA. As a later enacted and more specific statute, OSEP believes that CAPTA reflected congressional intent that information specified in the statute be reported to child welfare agencies, notwithstanding FERPA's privacy provisions.

10.5.2: Releasing information to School Districts
Early intervention programs may disclose, without consent, "directory" information such as a child's name, address, telephone number, date of birth, name of child's Service Coordinator, and dates of enrollment. However, the early intervention program must tell parents about directory information and allow parents a reasonable amount of time to request that the early intervention program not disclose directory information about them. Early intervention programs must notify parents annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a newsletter, handbook, or newspaper article) is left to the discretion of each early intervention program.

Parents who do not want directory information released to KDE must complete and sign the *Transition Information for Parents (FS-11)*. The Service Coordinator must uncheck box number two (2) "Is the child potentially eligible for Part B?" on the transition/exit screen in TOTS.

10.5.3: Releasing to a Third Party
The POE must have a parent's consent prior to the disclosure of the education record, evidenced by a signed and dated consent that states the purpose of the disclosure.

The POE MAY disclose education records without consent when:

1) The disclosure is to early intervention program or school officials who have been determined to have legitimate educational interests as set forth in the early intervention program district's annual notification of rights to parents;
2) The student is seeking or intending to enroll in another early intervention program;
3) The disclosure is to state or local educational authorities auditing or evaluating Federal or State supported education programs or enforcing Federal laws which relate to those programs;
4) The disclosure is pursuant to a lawfully issued court order or subpoena; and
5) The information disclosed has been appropriately designated as directory information by the early intervention program.

Appendix A: Forms and Templates

First Steps Forms

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Referral Form

POE Office Address

Phone:

Fax:

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Parent/Child Contact Information

Child's Name: _____ Date of Birth: ____/____/____
Gender (Circle): Male Female Medicaid Card # _____
Hospital of Birth (If Known): _____ Gestational Age: _____wks.
Child resides with (Circle): Parent Legal Guardian Foster Family
Name: _____
Address: _____
Home Phone: _____ Other Phone: _____
If family has no phone, contact person: _____
Relationship to child: _____ Phone: _____
Primary Language spoken in the home: _____
Is child currently being seen by a NICU Program? ☐ Yes ☐ No
If yes, location of NICU Program: _____

Referral Source Contact Information

Your Name (Required): _____ Date of Referral: ____/____/____
Is the family aware you are making the referral? (Circle) Yes No
Agency Name: _____ Phone: _____
Your Address: _____ Fax: _____
Your e-mail: _____

DCBS Referral Information

DCBS Office Making Referral: _____
DCBS Caseworker: _____ Date of Referral: ____/____/____
Person Making Referral, if not DCBS Caseworker: _____
Address: _____
Office Phone: _____ Office Fax: _____ e-mail: _____
Is the child currently in home or out of home? (Circle): In home Out of home

Reason(s) for Referral to Early Intervention

First Steps, Kentucky's Early Intervention System, provides developmental intervention services for children ages birth to three. The children qualifying for these services have a significant developmental delay or have medical conditions which put them at risk for significant delays in their development or a disability.

Please Check all suspected areas of developmental delay or concern that apply:

☐ Behavior ☐ Cognitive ☐ Motor/Physical ☐ Social/Emotional ☐ Speech Language

(Describe): _____

_____

☐ Other (Describe): _____

☐ Health Concerns (Describe): _____

Audiological Exam completed? (Circle): Yes No
Name of Audiologist: _____
Diagnosed Condition expected to lead to developmental delay: _____
ICD-9 Code(s): _____

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

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POE Office Address
Phone:
Fax:

Date

Parent Name
Address

Dear *Parent Name*:

Thank you for your assistance in completing the Ages & Stage-3 Questionnaire (ASQ-3) and/or the Ages & Stages Questionnaire: Social-Emotional (ASQ-SE) for your child. These screening tools provide valuable information regarding your child's development and determining their need for further developmental evaluation through the First Steps program.

First Steps, Kentucky's Early Intervention System, provides developmental intervention services for children ages birth to three. The children qualifying for these services have a significant developmental delay or have medical conditions which put them at risk for significant delays in their development or a disability.

The results from the questionnaire(s) show that *Child's Name* appears to be progressing well and there is no need of further developmental evaluation at this time.

Enclosed you will find developmental information and age-appropriate activities recommended for your child. You are encouraged to review this information and try out the activities with your child during the next few months.

If new concerns appear before your child turns three, you are welcome to contact us again at the above number to discuss your concerns.

Sincerely,

_____
District Child Evaluation Specialist

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

POE Office Address
Phone:
Fax:

Date

Parent Name
Address

Dear *Parent Name*:

Thank you for your assistance in completing the Ages & Stages-3 Questionnaire (ASQ-3) and/or the Ages & Stages Questionnaire: Social Emotional (ASQ-SE) for your child. These screening tools provide valuable information regarding your child's development and determining their need for further developmental evaluation through the First Steps program.

The results from the questionnaire(s) suggest that *Child's Name* may have a developmental concern in the following areas and supports the need for further developmental evaluation through the First Steps program:

ASQ-3:

___ Communication ___ Problem Solving ___ Gross Motor

___ Fine Motor ___ Personal-Social

ASQ-SE:

___ Social or Emotional Difficulties

You will be contacted by First Steps staff to provide you with additional information on the First Steps program and to make arrangements for your child's evaluation. In the meantime, please feel free to contact me should you have any questions.

Thank you for your interest in our program. Best wishes to you and your family.

Sincerely,

_____
District Child Evaluation Specialist

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

POE Office Address

Phone:

Fax:

Date

Parent Name
Address

Dear *Parent Name*:

Kentucky's First Steps program provides supports and services to infants and toddlers with developmental delays. Participation in the First Steps program is voluntary.

I received a referral concerning your child on (date of referral). I have tried to contact you by phone but have been unable to do so. Please contact me at the above number if you would like to talk about your child's development or about enrollment in First Steps.

If I do not hear from you by (10 days from current date) I will assume you do not wish to proceed with the referral at this time. If at any time before your child turns three you would like to talk with someone about your child's development or enrollment, please contact the Point of Entry office.

Sincerely,

_____
Service Coordinator

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

POE Office Address

Phone:

Fax:

Date

Parent Name
Address

Dear *Parent Name*:

The purpose of this letter is to confirm with you that we are scheduled to meet on _____ at _____ to discuss the First Steps program in more detail.

During this visit I will explain the First Steps delivery system, including the evaluation process, and my role as your Service Coordinator. We will talk about the concerns you have about your child's development and how your child learns. You will be asked to sign the forms necessary to begin the evaluation process for your child. I will also need to obtain information from you about insurance and your household income. Please have a copy of your child's insurance or Medicaid card, as well as income information available for this visit.

If you need to reschedule this meeting, please contact me at the phone number above. I look forward to meeting with you and your child.

Sincerely,

_____
Service Coordinator

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

POE Office Address

Phone:

Fax:

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Date

Referral Source Name
Referral Source Address

Dear *Referral Source Name*:

Thank you for referring a child to the Kentucky Early Intervention System. We appreciate your interest in the well being of young children.

We have started the intake process with the family, following the procedures for the Part C System. This includes, with the family's consent, determining eligibility. If the child is found eligible and the family agrees, we will then develop an Individualized Family Service Plan (IFSP). These activities must be completed within 45 days of the receipt of the referral.

We gladly share information from the early intervention record if the parent gives written permission to do so in accordance with the Family Educational Rights and Privacy Act. If you would like to have periodic updates or be a part of this child's team, please contact the family so that they may consider your request. Again, thank you for the referral.

Sincerely,

_____
Service Coordinator

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

POE Office Address
Phone:
Fax:

Refusal of First Steps Service

Child's Name: _____ TOTS ID#: _____

I, as the parent/guardian of the child listed above, have been informed of the purpose of First Steps and the procedures involved in determining eligibility for the First Steps program (Kentucky's Early Intervention System). I understand that my child and my family's participation are voluntary and my consent to participate can be withdrawn at any time.

Therefore,

____ I do not give my permission for First Steps to obtain information necessary to determine eligibility for this program.

____ I am not interested in eligibility determination and/or First Steps services at this time.

I understand that if I have concerns regarding my child's development at any time before my child's third birthday, I can call the First Steps Point of Entry and refer my child for further screening and/or evaluation.

Parent/Guardian Signature: _____ Date: _____

Service Coordinator Signature: _____ Date: _____

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Notice of Action with Consent

In accordance with Part C of the IDEA

Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Prior written notice must be given to you, and consent obtained from you, before certain actions are taken.

The action(s) proposed:

- ☐ Initial Evaluation/Assessment of the child
- ☐ Intensive Level Evaluation
- ☐ Initiation of Early Intervention Service(s)

Reason for Action:

_____

_____

Parent signature for consent is **REQUIRED** before the following actions can be initiated:

1. **Initial Evaluation/Assessment of the child** ☐ Consent ☐ Decline
2. **Intensive Level Evaluation** ☐ Consent ☐ Decline
3. **Early Intervention Service(s):** (*List services being proposed)*

_____ ☐ Consent ☐ Decline
_____ ☐ Consent ☐ Decline
_____ ☐ Consent ☐ Decline
_____ ☐ Consent ☐ Decline
_____ ☐ Consent ☐ Decline

_____ _____
Parent Signature **Date**

_____ _____
First Steps Agency Representative **Date**

A copy of the Parents Rights is included with this notice. If you believe that the POE has violated the regulations associated with the action, you may file a written complaint by contacting the Department of Public Health, First Steps at 877-417-8377 or by email at chfs.firststeps@ky.gov.

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Notice of Action without Consent

In accordance with Part C of the IDEA

Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Prior written notice must be given to you before certain actions are taken. The actions proposed will not be implemented for at least seven (7) days from the date of this notice.

The action(s) proposed (*Check one*):

❑ Change in IFSP (*Check all that apply*):

- o outcome
- o early intervention service
- o frequency
- o intensity
- o method of delivery
- o location of services

❑ Administration of a discipline specific assessment : _____
Name of discipline

❑ Change reason for eligibility: (describe) _____

The action(s) refused (*Check one*):

❑ Parental request for a change in IFSP (*Check all that apply*):

- o outcome
- o early intervention service
- o frequency
- o intensity
- o method of delivery
- o location of services

❑ Parental request for administration of a discipline specific assessment:
(Name of discipline)_____

❑ POE will not evaluate child for eligibility

❑ POE will not enroll child in First Steps

Reason for Action: _____

_____

_____ _____
First Steps Agency Representative **Date**

A copy of the Parents Rights is included with this notice. If you believe that the POE has violated the regulations associated with the action, you may file a written complaint by contacting the Department of Public Health, First Steps at 877-417-8377 or by email at chfs.firststeps@ky.gov.

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Consent to Release/Obtain Information

Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Listed below are a number of agencies that provide services for children and their families. I am putting my initials next to the agencies that I want to share information. I understand that these agencies will use and keep information confidential about my child. **I give my consent, as the parent/guardian of the minor child, to the agencies identified below to share the information that I have indicated. The purpose of this exchange of information is to help coordinate services, provide appropriate programs, and to make sure that my child and family get services as quickly as possible.**

Initials	Agency/Program	Contact Person	Address
	Early Hearing Detection & Intervention/Newborn Hearing Screening Program		
	Commission for Children with Special Health Care Needs (CCSHCN)		
	Kentucky Birth Surveillance Registry		
	Kentucky Newborn Screening		
	HANDS (Health Access Nurturing Development Services)		
	Hospital (specify)		
	Local Health Department		
	School District (specify)		
	Early Head Start		
	DCBS Office		
	Other: (specify)		
	Other: (specify)		

This information is needed for the following purposes: (check all that apply)

____ Establish First Steps Eligibility

____ Develop an Individualized Family Service Plan

____ Coordinate, monitor and implement First Steps services

____ Facilitate transition to Part B services at age 3

____ Treatment, payment, healthcare operations

____ Provide data for state and federal reports

____ Other: specify _____

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Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Specific Information to be disclosed or obtained:

Obtain	Release	Type of Information	Timeframe/Date of Service
		Program Eligibility	
		Financial Information	
		Medical Records, including diagnosis, discharge summary	
		Vision reports	
		Audiological reports	
		Speech therapy reports	
		Physical therapy reports	
		Occupational therapy reports	
		Developmental intervention reports	
		IFSP	
		Other: specify	

This consent for disclosure is valid until: ____/____/____.
Month Day Year

Informed Consent

I understand that:

1) I have the right to withdraw my consent at any time by writing to my service coordinator, except to the extent that it has already been acted upon;
2) I have the right to inspect and copy the information to be shared;
3) If I do not give my consent to share information, the agencies may not be able to determine First Steps eligibility, develop an Individualized family service plan, provide early intervention services or pay for that service, coordinate, monitor and implement services and/or facilitate transition; and
4) I am providing my consent voluntarily and I understand the information on this form.

Signature of Parent/Guardian_____ **Date:** _____

Relationship to Minor Child_____

Witness Signature: _____ **Date:** _____

Notice to Receiving Agency/Person
Under the provisions of the Family Education Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

Page **2** of **2**

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

POE Office Address
Phone:
Fax:

Transition Information for Parents

First Steps, Kentucky's Early Intervention System, is authorized by federal law. That law is called the Individuals with Disabilities Education Act or IDEA. IDEA was reauthorized in 2004 and is now called the Individuals with Disabilities Education Improvement Act, but is still referred to as IDEA.

The IDEA has four part—A, B, C and D. First Steps is "Part C" of IDEA. This is why you may sometimes hear the First Steps program called the "Part C" program.

In order to assure that children in Kentucky get the services they may need after they finish with First Steps at age three, IDEA requires that First Steps plan with families for that transition. The first part of that required transition process is for First Steps to inform the school system (Kentucky Department of Education) of any children who may be eligible for service from the schools when they turn three.

Unless otherwise noted, the following information will be sent to the Kentucky Department of Education on all First Steps children who are 30 months or older:

- Child's Name
- Child's Date of Birth
- Parent/Guardian Name
- Address
- Phone Number

____ *I do not give permission for the above information to be shared with the Kentucky Department of Education.*

Up to 9 months, but at least 90 days prior to your child's third birthday your service coordinator will work with you to convene a transition conference. The purpose of the transition conference is to allow you to explore all preschool programs in your community. You will be involved in planning the steps that need to be taken before your child enters the program selected. This is especially important if services will be provided through the school district or other public source. Your permission is needed, and it is very important to participate in the conference so you can make an informed choice.

_____ *I agree to the transition conference but do not want the local school system invited.*

_____ *I do not wish to participate in the transition process.*

For more information regarding transition please refer to the Step by Step Guide.

Parent/Guardian Signature: _____ **Date:** _____

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Consent for Use of Private Insurance

First Steps uses a variety of public and private resources to support the costs for early intervention services. By federal law, all resources for payment are explored prior to the use of early intervention funds. This includes private health insurance. Some of the early intervention services listed on the Individualized Family Service Plan (IFSP) may be covered by private health insurance for which you are paying a monthly premium. Kentucky includes private health insurance in its definition of ability to pay for early intervention services.

If you have health insurance, you may choose to use this resource to help pay for covered services. If your health insurance deductible has not yet been met, the provision of First Steps services may be applied to your deductible, helping you in meeting it for the year. First Steps funds can be used to cover the co-payments or deductibles associated with the First Steps services billed to your insurance.

You may decline use of your private health insurance for First Steps. The First Steps services that you will receive in that case are those that are at no cost to families—service coordination, screening, evaluation and assessment, IFSP development and implementation of procedural safeguards.

Please choose one of the two choices below:

- ☐ I give permission for my health insurance to be used to help pay for First Steps early intervention services that are covered under our family's health insurance plan. I understand that my permission is voluntary and can be revoked at any time.
- ☐ I do not give permission for my health insurance to be used to help pay for First Steps early intervention services. I understand that I will receive the following services from First Steps: service coordination, screening, evaluation and assessment, IFSP development, and implementation of procedural safeguards.

<table>
<tr><td>Child's name:</td><td colspan="4"></td></tr>
<tr><td>Parent's name:</td><td colspan="4"></td></tr>
<tr><td>Parent's signature:</td><td colspan="4"></td></tr>
<tr><td>Date:</td><td colspan="4"></td></tr>
<tr><td rowspan="2">Insurance Information</td><td colspan="4">Name of Insurance Company:</td></tr>
<tr><td colspan="3">Address:</td><td>Phone Number:</td></tr>
<tr><td rowspan="3">Policy Holder Information</td><td colspan="2">Name:</td><td>Date of Birth:</td><td>Social Security Number:</td></tr>
<tr><td>Relationship to Insured:</td><td>☐ parent</td><td colspan="2">☐other: (describe)</td></tr>
<tr><td colspan="4">Policy Holder's Employer:</td></tr>
<tr><td colspan="2">Policy Number:</td><td>Group Number:</td><td colspan="2">Effective Date:</td></tr>
</table>

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Kentucky

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

POE Office Address
Phone:
Fax:

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Financial Assessment Verification

Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

	Initials		
Section 1		1. By viewing the most recent tax return or the last four consecutive pay stubs, my service coordinator has verified our current household annual adjusted gross income to be: $_____.	
		2. I am reporting _____ number of people living in my home. *(Please include all people living in the home even if they are not related)*	
		3. I have other children who are currently receiving First Steps services. ☐ Yes ☐ No	If yes, please list the children's names:
		4. I am aware that I will be responsible for a Family Share participation fee of $_____/month. I will pay this monthly participation fee the month early intervention services start until my child is discharged.	
		5. I understand that I am responsible for paying the Family Share participation fee even if I give consent for the early intervention providers to bill my private insurance.	
Section 2		6. I want my/our income verified by the Family Share Administrator located at First Steps State Lead Agency and attach the following information:	☐ Copy of the first page of the most recent 1040, 1040A, 1040EZ tax return, **or** ☐ Copy of the most recent four (4) consecutive pay stubs that state my/our annual adjusted gross income, **or** ☐ A notarized letter from current employer to verify annual adjusted gross income.
		7. I am refusing to have my/our income verified. I understand that by refusing to have my income verified, I am accepting the highest out-of-pocket maximum monthly participation fee ($100/month).	
		8. I understand that this refusal can be revoked at any time.	
Section 3		9. My child is covered by a KY Children's Health Insurance (K-CHIP)/Medicaid card: ☐ Yes ☐ No	The card number is:
		10. My child does not currently have a KY Children's Health Insurance (K-CHIP)/Medicaid card, however:	☐ I have already applied for one ☐ I plan to apply for one this month

Signature of Parent/Guardian _____ **Date:** _____

Signature of Service Coordinator _____ **Date:** _____

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KENTUCKY'S EARLY INTERVENTION SYSTEM

POE Office Address
Phone:
Fax:

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First Steps Meeting Notice for Families

Dear *Parent Name*:

The purpose of this letter is to provide you with notice of an upcoming Individual Family Service Plan meeting. I would like to tell you about the following:

Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Meeting Date: _____ **Time:** _____
Location: _____
Reason for Meeting: _____

Others invited to attend	Agency	Relationship to child

Please contact me at your earliest convenience to confirm the scheduled meeting date and time.

Thank you,

Signature: _____ Date: _____

Phone: _____

Please refer to the Family Rights Handbook for information about your rights as a parent of a child in First Steps and for information about how to file a complaint, request Mediation and Due Process.

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Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Parental Consent for Provision of Early Intervention Services and Approval of the Plan

- The contents of this Individualized Family Service Plan (IFSP) have been fully explained to me. I understand that I may refuse any or all of the services offered by the First Steps program but that if I do, my child may not receive those services through the First Steps program.
- I also understand that I have the right to dispute resolution processes, including mediation and due process hearing, if I disagree with matters relating to my child's identification, evaluation and assessment, placement or provision of services.
- In order to implement delivery of services, I agree to accept responsibility for being an active participant in the implementation of this plan by learning skills from the providers so that the intensity and frequency of services may decline as my child reaches appropriate developmental levels and I am able to do more for my child.
- I agree that this IFSP will be distributed to the First Steps service providers identified herein. I understand that this IFSP must be reviewed every six (6) months, or more often if necessary.
- Finally, I understand that the Cabinet for Health and Family Services, as lead agency for the Part C early intervention program in Kentucky (First Steps), may refuse reimbursement for services not required to be funded by the program and is payor of last resort for all services required to be funded by the program.

❑ I hereby consent to all First Steps services identified herein.
❑ I hereby consent to all First Steps services identified herein, except: _____
❑ I hereby refuse the First Steps services identified herein.

Parent/Guardian Signature: _____ Date: _____
Other Signature: _____ Relationship: _____ Date: _____

Team Members:
We agree that the outcomes selected reflect family priorities and concerns and the strategies selected support those outcomes. We agree that the services identified in this plan are research-based. We agree to carry out this plan in a manner that supports the family's ability to help their child participate in and learn from their everyday routines and activities.

Signature (or printed name if not in attendance)	Date	Attendance Method			
		Attended	Phone	Representative	Written Report

Others Present:			

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Record Review Cover Letter and Request

*Eligibility Determination***

TO: Record Review Committee
Weisskopf Child Evaluation Center
University of Louisville
FROM: <Service Coordinator>
DATE:
SUBJECT: Record Review Request for <Child's name>, TOTS ID #: < >

Thank you for the opportunity to make a Record Review request for the child identified above. The IFSP team for this child is requesting a Record Review to determine eligibility for First Steps services.

The family's priorities and concerns for their child support this request. Their priorities include < Family Priorities and Concerns shared during initial RBI >.

< Additional information can be provided by cutting and pasting from the Record Review page on TOTS: >

< Request reason >
< Request detail >

Please feel free to contact me at < SC's email address >.

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Eligibility request for (child's name) _____

General Information		
Information sent to RR	_____ Date _____ Email _____ Fax	
Request entered in TOTS	_____ Date	
Child Name		
Child DOB		
TOTS ID		
IFSP Dates		
SC Name		District:
SC Email		Phone: ( )

Please indicate location of records in TOTS or if paper copy is included in request:

Record	Paper	Location
Primary Level Evaluation *(PLE)*		___Evaluation/Assessment page
Assessments *(if applicable)*		___Eval/Assess ___Com Log ___Svc Log Date:_____
Birth Records *(if available)*		
Primary Pediatrician *(if available)*		
Hospitalizations Records *(if available)*		
Parental signed permission to proceed with Record Review.		___IFSP ___ Service log ___ Signed Release of Information

***The decision to submit a request for eligibility determination must be made early enough in the 45 day timeline to allow Record Review 10 days to process the request, issue a determination and still leave time for an IFSP meeting no later than the 45th day from date of referral.*

_____ _____
DCES signature Date reviewed/returned to SC

Submit form and paper records (if any) to:

By Mail: Weisskopf Child Evaluation Center
University of Louisville-HSC
Attn. Record Review Committee
571 South Floyd Street, Suite 100
Louisville, KY 40202
By Phone: (502) 852-0434
By Email: recordreview@louisville.edu

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Record Review Cover Letter and Request

*Intensive Level Evaluation***

TO: ___ Paula Goff, Part C Coordinator
First Steps State Lead Agency

_____ Record Review Committee
Weisskopf Child Evaluation Center
University of Louisville

FROM: < Service Coordinator >
DATE:
SUBJECT: Record Review Request for < Child's name >, TOTS ID #: < >

Thank you for the opportunity to make a Record Review request for the child identified above. The IFSP team for this child is requesting an intensive level evaluation for the child.

The family's priorities and concerns for their child support this request. Their priorities include < Family Priorities and Concerns included in the child's current IFSP >.

< Additional information can be provided by cutting and pasting from the Record Review page on TOTS:>

< Request reason >
< Request detail >

Please feel free to contact me at < SC's email address >

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Intensive Level Evaluation request for (child's name) _____

General Information		
Information sent to SLA	_____ Date _____ Email	_____ Fax
Information sent to RR	_____ Date _____ Email	_____ Fax
Request entered in TOTS	_____ Date	
TOTS Entry Date		
Child Name		
Child DOB		
TOTS ID		
IFSP Dates		
SC Name		District:
SC Email		Phone: ( )

Services Provided on Current IFSP		
Location of records:	Paper	TOTS *(please note location)*
PLE / 5 Area Assessment		___Evaluation/Assessment page Date:_____
Initial Assessments (if applicable)		
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Hearing Evaluation (required if receiving ST; must be within 12 months)		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Available IFSP		
Birth Records *(if available)*		
Primary Pediatrician *(if available)*		
Hospitalization Records *(if available)*		
Daily/Progress Notes from each provider		
Progress Report from each provider on IFSP if Assessment over 3 Months		
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Parental signed permission to proceed with Record Review.		___IFSP ___ Service log ___ Signed Release of Information

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Intensive Level Evaluation request for (child's name) _____

Request for Intensive Level Evaluation	√	To SLA only
SLA Approval	√	To Record Review Committee only

***DCES must review the request to determine if it is ready to submit to the Record Review committee within **3 days** of receipt from the SC.*

_____ _____
DCES signature (confirming review of records) Date reviewed/returned to SC

Submit form and paper records (if any) to:

By Mail: Weisskopf Child Evaluation Center
University of Louisville-HSC
Attn. Record Review Committee
571 South Floyd Street, Suite 100
Louisville, KY 40202
By Phone: (502) 852-0434
By Email: recordreview@louisville.edu

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Record Review Cover Letter and Request

*Service Exemption***

TO: Record Review Committee
Weisskopf Child Evaluation Center
University of Louisville
FROM: < Service Coordinator >
DATE:
SUBJECT: Record Review Request for < Child's name >, TOTS ID #: < >

Thank you for the opportunity to make a Record Review request for the child identified above. The IFSP team for this child is requesting additional units of service.

The family's priorities and concerns for their child support this request. Their priorities include < Family Priorities and Concerns included in the child's current IFSP >. The family plans to support the extra units by < Family's buy-in; their rationale for needing more units >. They have chosen < PSP's name and discipline > as their child's Primary Service Provider because < Family's reason for choosing the PSP >.

< Additional information can be provided by cutting and pasting from the Record Review page on TOTS:>

< Request reason >
< Request detail >

Please feel free to contact me at < SC's email address >

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Service exemption request for (child's name) _____

General Information		
Information sent to RR	_____ Date _____ Email _____ Fax	
Request entered in TOTS	_____ Date	
Child Name		
Child DOB		
TOTS ID		
IFSP Dates		
SC Name		District:
SC Email		Phone: ( )

Services Provided on Current IFSP		
Location of records:	Paper	TOTS *(please note location)*
PLE / 5 Area Assessment		___Evaluation/Assessment page Date:_____
Initial Assessments (if applicable)		
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Hearing Evaluation (required if receiving ST; must be within 12 months)		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Available IFSP		
Birth Records (if available)		
Primary Pediatrician (if available)		
Hospitalization Records (if available)		
Daily/Progress Notes from each provider		
Progress Report from each provider on IFSP if Assessment over 3 Months		
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Discipline:_____		___Eval/Assess ___ Com Log ___Svc Log Date:_____
Parental signed permission to proceed with Record Review.		___IFSP ___ Service log ___ Signed Release of Information

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Service exemption request for (child's name) _____

Payment Authorization Forms (3)		
Activity Matrix	√	
Transfer of Skills	√	
Payor of Last Resort	√	

***The SC must send **request for service exemption** to DCES no later than **10 working days** from the date of the IFSP meeting when the decision was made to request more service units.*
***DCES must review the request to determine if it is ready to submit to the Record Review committee within **3 days** of receipt from the SC.*

_____ _____
DCES signature (confirming review of records) Date reviewed/returned to SC

Submit form and paper records (if any) to:

By Mail: Weisskopf Child Evaluation Center
University of Louisville-HSC
Attn. Record Review Committee
571 South Floyd Street, Suite 100
Louisville, KY 40202
By Phone: (502) 852-0434
By Email: recordreview@louisville.edu

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Record Review Supporting Documentation

Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Payor of Last Resort			
Payor Source	Date Requested	Service Requested	Results of Request for Payment
Private Insurance			
Medicaid/KCHIP			
CCSHCN			
Other			
Other			

* Supporting information, such as submitted requests and responses from the payment source, should be attached to this form.

Transfer of Skills	
Strategies and activities to be completed during additional time:	
Explanation of why outcome cannot be met under the current service limits:	
Description of how the skills will be transferred to the parents/caregivers:	
Description of how the skills will be transferred to the other IFSP team members:	

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KENTUCKY'S EARLY INTERVENTION SYSTEM

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Record Review Supporting Documentation

Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Service Planning Activity Matrix Form					
	Domain:	**Domain:**	**Domain:**	**Domain:**	**Domain:**
Schedule	**Outcome:**	**Outcome:**	**Outcome:**	**Outcome:**	**Outcome:**

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Send to:
KEIS General Supervision Administrator
275 East Main Street, HS2W-C
Frankfort, KY 40621
Fax (502)564-0329

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Complaint Form

TOTS ID Number: **Date:**

Provider Name: **Agency:**

Person Filing Complaint: **Relationship to child:**

Phone Number:

Complaint:

Attach additional sheet as needed

To be completed by State Lead Agency

Resolution:

Date Resolved:

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

The Cabinet for Health and Family Services
Division of Maternal and Child Health
Early Childhood Development Branch
275 East Main Street HS2W-C
Frankfort, KY 40621
Telephone: (502) 564-3756 Fax: (502) 564-0329

Mediation/Due Process Request

Name of Individual/Organization Filing Complaint:		Date:
Address:		
City State Zip Code:		
Child's Name (if applicable):		Child's Date of Birth (if applicable):
Telephone Number(s):	Fax Number(s):	Email Address (optional):

Kentucky Early Intervention System (KEIS), First Steps, under the Department of Public Health, Division of Maternal and Child Health is committed to maximizing family involvement at each step of Kentucky's Part C early intervention system. As part of ensuring the parents' involvement in decision-making and maintaining the partnerships critical to the success of the program, First Steps encourages and recommends that all parties work together using informal means to resolve disagreements that may arise.

First Steps State Lead Agency staff is available to advise parents of their rights under the Part C of the Individuals with Disability Education Improvement Act (IDEA) and help them understand the options available to them when disputes arise. First Steps State Lead Agency staff recommends that parents work with staff from the Point of Entry/Local Lead Agency (POE/LLA) as well as service providers to address concerns in an attempt to avoid formal procedures whenever possible. If a family decides to request formal dispute resolution, or if the informal process does not adequately address the concerns of the parties involved, First Steps, offers several options for formal resolution of disputes including: 1) mediation, 2) impartial due process hearings, and 3) administrative complaints.

The primary purpose of this form is to document the option selected in order to initiate the appropriate process to resolve any disagreement. Please provide the information requested on this form, sign, date, and return it to the address listed above. Parents may request assistance in completing this form by contacting their service coordinator and/or the First Steps State Lead Agency staff.

Formal Dispute Resolution Option(s) *(Description of options attached)*

- ☐ Mediation Only

- ☐ Due Process Hearing
- ☐ Check here if you initially want to attempt to resolve the dispute through Mediation.

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Formal Dispute Resolution Request
(Continued)

Provider/Organization Dispute Filed Against	
Name:	
Address:	
City State Zip Code:	
Telephone Number:	Email Address (optional):
Other Parties to Dispute (if applicable):	

Statement of Disagreement
Please provide a written description of the area(s) of disagreement (concerns related to the identification, evaluation and assessment, eligibility determination, placement of the child, provision of appropriate early intervention services to child or family, or alleged violation of Federal/State laws or state guidelines). Be as specific as possible. Attach additional pages as needed.

Facts Supporting Statement of Disagreement
Please provide a written description of the facts supporting your statement of disagreement and identify any pertinent information (i.e. IFSPs, written correspondence, evaluations/assessments) that may verify your concerns. Be as specific as possible. Attach additional pages as needed.
Please list the dates and times you are available over the next two weeks if on page one you selected mediation and/or due process hearing.

Signature **Date**

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Kentucky

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Description of Options

Outlined below is a brief overview of the formal options available for resolving disagreements. A complete description of each of these procedures is contained in Kentucky Part C First Steps Policies and Procedures Manual and the booklet entitled *First Steps Family Rights Handbook*.

Mediation

Any parent or, with the consent of the parent, the parent's representative, the service coordinator, a service provider, or the regional program may request mediation to resolve disagreements regarding identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services for an individual child and family. The mediation process is non-adversarial and is a means to resolve disagreements to the mutual satisfaction of all parties. A parent may request mediation in addition to filing a request for an impartial hearing or a request for resolution of a complaint. The mediation process, including issuance of a written mediation agreement, shall be completed within 30 calendar days of the receipt of the request for mediation unless the mediation was requested as a part of a due process hearing or complaint investigation. In that case, the mediation must be completed within 15 calendar days to ensure adequate time for completion of the due process proceeding or complaint investigation.

Impartial Due Process Hearing

Any parent or, with the consent of the parent, the parent's representative may request a hearing before an impartial hearing officer to resolve disagreements regarding identification, evaluation and assessment, eligibility determination, placement or the provision of appropriate early intervention services for an individual child and family. A parent may request an impartial hearing in addition to requesting mediation or filing a complaint. If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues, of which one or more are part of that hearing, the state must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not part of the due process action must be resolved within the 60 calendar day timeline using the complaint procedures.

Request for Mediation or Due Process Hearing should be mailed to:

Administrative Hearing Branch
Cabinet for Health and Family Services
275 East Main Street
Frankfort, KY 40621

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Kentucky

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

275 East Main Street, HS2W-C
Frankfort, KY 40621

Phone: (502)564-3756
Fax: (502)564-0329

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Verification of Established Risk Diagnosis or Medically Fragile Condition

To: _____ From: _____

Re: _____ DOB: _____

Established Risk Condition

This child has been referred to First Steps for eligibility determination. Can you confirm the diagnosis of: _____?
Yes_____ No_____ Please include ICD-9 code(s)_____

Please list any other diagnosis, including ICD-9 code(s), for this child that might be associated with a developmental delay

_____
_____

Medically Fragile Status

First Steps regulation 902 KAR 30:130 Section 1 (4) requires a physician or advanced practice registered nurse written approval before an assessment is completed with a child deemed medically fragile.

Do you consider this child to be medically fragile? Yes _____ No _____

If yes, what specific modifications are needed to accommodate the child's medical status for evaluation and assessment?

_____
_____
_____

Do you give your consent for this child to receive an assessment in the following areas:

Cognitive Development	Yes____	No____
Communication	Yes____	No____
Physical Development	Yes____	No____
Social/emotional Development	Yes____	No____
Adaptive Skills	Yes____	No____

Comments:

_____
_____
_____

Physician's Signature _____ Date _____

APRN Signature _____ Date _____

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KENTUCKY'S EARLY INTERVENTION SYSTEM

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Surrogate Parent Identification of Need

Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Child's Status and Surrogate Parent Determination *(Check one and proceed accordingly):*

Surrogate Parent Needed	Surrogate Parent NOT Needed or NO Longer Needed
❑ Parent/guardian cannot be indentified ❑ Parent/guardian whereabouts are unknown after reasonable efforts have been made by the POE to locate the parent/guardian ❑ Child is a ward of the state residing in a residential facility/group home	❑ Child resides with parent/guardian ❑ Child resides with "person acting in the place of a parent" (grandparent, relative, stepparent, etc) ❑ Child resides with state-appointed foster parent(s)
If any item above is marked, documentation (staff notes, court order, custody agreement, correspondence, etc) must be attached to this form and placed in child's hard file.	

Attention: *Persons employed by a State Agency, including Department for Community-Based Services may not serve as a Surrogate Parent or "Person acting in the place of a parent".*

Contact Information of Individuals Where Child Resides

Contact Person:	Relationship to the child:
Contact Person's mailing address:	
Phone Number where contact person can be reached:	

Department for Community-Based Services (DCBS) Contact Information

Contact Person:
Contact Person's mailing address:
Phone Number where contact person can be reached:

The information contained in this document (including attachments) is true and complete to the best of my knowledge from information gathered through available resources.

_____ _____
Signature **Date**

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KENTUCKY'S EARLY INTERVENTION SYSTEM

275 East Main Street, HS2W-C
Frankfort, KY 40621

Phone: (502)564-3756
Fax: (502)564-0329

Family Share Inability to Pay Exemption Request

Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Section A: Extraordinary Expenses Worksheet
(Identify on average, "out of pocket" expenses, such as purchases, expenses, and modifications to accommodate extended/additional needs related to child's disability, and expenses related to other family members with disabilities or require extended care, such as elderly. These considerations do not extend to medical services for other family members. If more than one child is enrolled in First Steps please complete an individual Exempt Request for each child.)

EXPENSE	Eligible Child ANNUALIZED	Other Family Member ANNUALIZED
Current Hospital/Medical Payments		N/A
Child Care Special Cost (difference related to disability) *Include Written Documentation*		N/A
Materials, Supplies, Modifications related to disability		
Specialized Equipment		
Medical/Health Services – related to child's disability		N/A
Special Medications		N/A
Special Food Supplements		
Transportation/Parking Cost related to disability		N/A
Health Insurance Premiums (amount not paid by employer)		N/A
Co-payments or sliding fee payments for services related to the disability		
Other:		
TOTAL ANNUAL EXTRAORDINARY EXPENSES	**a. $**	**b. $**
GRAND TOTAL ANNUAL EXPENSES (a. + b.)	**$**	

Parent/Guardian Signature: _____ Date: _____

Section B: Adjusted Income Amount Worksheet

	$_____	Annual Income (TOTS Financial Screen)
- (minus)	$(-)_____	Grand Total Annual Expenses (Section A)
=	$_____	Adjusted Income
	$_____	New Family Share Monthly Obligation
	_____	New Family Share Category

Apply adjusted income with household size to determine new Family Share monthly obligation.
Approval may only be granted for three [3] calendar months at a time.

Service Coordinator Signature: _____ Date: _____

Send form to: Family Share Administrator
Department for Public Health, Division of Maternal and Child Health
First Steps
275 E. Main Street, HS2W-C
Frankfort, KY 40621

or FAX to Family Share Administrator at: (502)564-0329

For Office Use Only
Date Received: _____ Approved: Yes_____ No_____ Signature: _____
Approved for Months of _____

The cost of printing was paid from state funds through the Department for Public Health, First Steps Program, pursuant to KRS 57.375

Kentucky

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Family Share Temporary Suspension or Waiver Request

Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Check One:

☐ The above named child will not be able to access their First Steps services from

_____ through _____.*
Month/Year Month/Year

Reason(s): _____

_____

**Minimum one calendar month at a time.*

OR

☐ The family requests a temporary waiver from their Family Share, from

_____ through _____, due to the following reason(s):
Month/Year Month/Year

_____

_____

**Maximum three calendar months at a time.*

OR

☐ The family requests a reduction of their Family Share from $_____ to $_____ from

_____ through _____, due to the following reason(s):
Month/Year Month/Year

_____

_____

**Maximum three calendar months at a time.*

Service Coordinator's Signature: _____ Date: _____

Address: _____

Phone: _____ Fax: _____

Send form to:

Family Share Administrator
Department for Public Health, Division of Maternal and Child Health
First Steps
275 E. Main Street, HS2W-C
Frankfort, KY 40621

or FAX to Family Share Administrator at: (502)564-0329

For State Lead Agency Use Only
Date received: _____ Approved: ____Yes ____ No Signature _____

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Notice of Action Family Share

Child's Name: _____ DOB: _____TOTS ID#: _____

Prior written notice must be given to you before certain actions are taken. The actions proposed below will not be implemented for at least 30 days from the date of this notice.

The action(s) proposed: The Family Share bill is 60 days in arrears. Beginning [DATE] the following early intervention services will be suspended until the Family Share bill is paid in full or there is a payment plan approved:

- ☐ Developmental Therapy
- ☐ Speech Therapy
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Assistive Technology Services
- ☐ Family Therapy
- ☐ Psychology Services
- ☐ Social Work Services
- ☐ Respite
- ☐ Transportation
- ☐ Audiology
- ☐ Health Services
- ☐ Nursing
- ☐ Nutrition Services
- ☐ Vision Services

You will continue to receive service coordination, evaluation and assessment services, IFSP development meetings and the implementation of procedural safeguards.

_____ _____
First Steps Agency Representative **Date**

A copy of the Parents Rights is included with this notice. If you believe that the POE has violated the regulations associated with the action, you may file a written complaint by contacting the Department of Public Health, First Steps at 877-417-8377 or by email at chfs.firststeps@ky.gov.

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

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Record of Access

Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Date	Name	Title/Agency	Purpose of Review

This must be present in each child's file

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

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Child Find Plan

POE: _____ **Contact:** _____ **Date:** _____

Child Find Activity *(describe)*	Responsible Party	Evaluation of Effectiveness	Results

For State Lead Agency Use Only
Date Due: _____ Date Submitted: _____ Date Approved: _____

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KENTUCKY'S EARLY INTERVENTION SYSTEM

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Child Find Plan Instructions

Child Find Activity	Responsible Party	Evaluation of Effectiveness	Results
Describe in detail the activity to be implemented including: • Frequency • Materials • Target population (birth to one, birth to three, etc) • Target entity (physicians, DCBS, child care, etc)	Name the person who is accountable to ensure the implementation of the activity. This may be POE staff, other community volunteers, or DEIC members.	Describe the process for evaluating the effectiveness of the activity. How will the POE measure the number of referrals received as a result of the activity? Include the types of data to be analyzed.	After implementation, describe the results of the activity: • Number of referrals • Changes in local procedures • Overall satisfaction with the activity

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Notice of Privacy Practices Under HIPAA

(Health Insurance Portability and Accountability Act, 1996)

THIS NOTICE DESCRIBES INFORMATION WE COLLECT, HOW WE USE THAT INFORMATION AND WHEN AND TO WHOM WE MAY DISCLOSE IT. *PLEASE REVIEW THIS DOCUMENT CAREFULLY.*

Types of Information We Collect and How We Collect It

First Steps, Kentucky's Part C Early Intervention program, will gather personal, health and financial information about your child and your family. This information is sometimes referred to as *protected health information* or *personal health information (PHI)*. This information is typically gathered by staff at the Point of Entry (POE) or by your service coordinator, but may also be collected by your First Steps service provider(s).

Protected/Personal Health Information (PHI) Includes and Relates to:

- you or your child's past, present, and future physical, medical or mental health conditions;
- your past, present, or future payment for the care or services your child received; and
- care and services provided to your child.

First Steps is required by law to maintain the privacy of your and your child's health information and to inform you of its duties and privacy practices. This notice describes some of the ways in which First Steps may use or disclose your or your child's personal health information, and the rights you have concerning your or your child's health information.

Effective Date and Changes to the Privacy Notice

This Notice is effective beginning **April 14, 2003**. First Steps is required to follow the terms of this Notice until the Notice is revised. First Steps may revise or change the contents of this Notice at any time. If it does so, the new notice will be available at all Point of Entry locations throughout the State and on the First Steps website at fs.chfs.ky.gov within 30 days after the effective date of the change.

Use or disclosure of Personal Health Information

Most of the purposes for which First Steps routinely uses or discloses your or your child's health information are described in other consent forms that you sign. This Notice of Privacy Practices **DOES NOT** replace those consent forms. First Steps will continue to seek your consent to use or disclose your or your child's health information as described in those consent forms and as required by the privacy provisions governing Part C of the Individuals with Disabilities Education Improvement Act.

A. USES OR DISCLOSURES WITH PRIOR CONSENT

First Steps will continue to obtain your consent for most uses and disclosures, including the following:

Treatment: First Steps will obtain your consent before disclosing your or your child's health information to a provider for treatment. For example, First Steps will obtain your consent before providing your child's occupational therapist with the health or developmental information in your child's record.

Payment: First Steps will obtain your consent before disclosing your or your child's health information for the purposes of payment.

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Effective Date: April 13, 2003

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Most Health Care Operations: First Steps will continue to obtain your consent before using or disclosing your or your child's health information to conduct most health care operations. For example, First Steps will continue to obtain your consent to disclose your child's health information to physician specialists or pediatric subspecialists.

B. USES OR DISCLOSURES WITHOUT PRIOR CONSENT

First Steps may use health information without consent for the following purposes:

Certain Health Care Operations: First Steps may use or disclose your or your child's health information as required for certain health care operations. For example, First Steps may use your health information to conduct quality assurance and/or monitoring activities.

When Required by Law: First Steps may disclose your or your child's health information as required by federal, state or local laws. For example, First Steps may disclose information pursuant to a Federal Grand Jury subpoena.

Government Benefit Programs: First Steps may use or disclose your or your child's health information as needed for the administration of a government benefit program such as Medicaid.

Federal Oversight and Monitoring: First Steps may disclose your or your child's health information to an office or agency of the federal government in connection with the federal government's oversight or monitoring activities. For example, EI may disclose information to the Office of Special Education Programs in connection with periodic program audits. In most cases, the information disclosed for this purpose will not permit the individual to be identified.

In an Emergency: First Steps may disclose your or your child's health information to medical or law enforcement personnel if the information is needed to prevent immediate harm to you or your child.

Other Uses of Information and Revocation Rights: Other uses and disclosures of health information not covered by this notice or the laws that apply to First Steps will be made only with your written authorization. If you provide First Steps with permission to use or disclose your or your child's health information, you may revoke that authorization in writing at any time. Should you revoke the authorization, First Steps will no longer use or disclose your or your child's information for any reasons that require your written authorization. **NOTE**: First Steps may not take back any disclosures it has already made prior to your processing your revocation request.

Your Rights Regarding Health Information

Right to Inspect and Copy: You have the right to inspect and receive a copy of the health information that First Steps has about you or your child in most situations. This includes medical and billing records. You must submit your request in writing to your local Point of Entry (POE), and include a time period for which you wish to receive your records. You may be charged a reasonable fee, unless such a fee would prevent you from exercising this right.

Right to Request Amendment: You have a right to ask First Steps to amend the health information it has collected or maintains about you or your child if you feel it is incorrect or incomplete. If your request is approved,

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Effective Date: April 13, 2003

your request and the amendment will become part of your permanent record. You must submit your request in writing to your local POE. You must state the reason you are requesting an amendment.
Right to a List of Types and Locations: You have a right to request a list of the types and locations of health information about you or your child collected, used or maintained by First Steps. This request must be submitted in writing to First Steps Central Office at the following address: 275 E. Main St., HS2W-C, Frankfort, KY, 40621.

Right to Receive an Accounting of Disclosures: You have a right to request a list of each time EI has disclosed personal health information about you, on or after April 14, 2003, for reasons other than treatment, payment or health care operations, or certain other reasons as provided by law. You must submit your request in writing to your local POE. Your request must state a time period that may not be longer than six years. Please note that you may be charged a reasonable fee, unless such a fee would prevent you from exercising this right.

Right to Request Restrictions: You have the right to request a restriction or limitation on the health information that First Steps uses or discloses about you or your child for treatment, payment and health care operations. You must submit your request in writing to your local POE, and indicate what information you want limited and to whom the limits apply. **NOTE**: First Steps is not required to agree to your request.

Right to Request Communication Methods: You have a right to request that First Steps communicate with you in confidence about your or your child's personal health information in a different means or at a different location. For example you may request that First Steps contact you with confidential information only at work or by mail, or communicate with you in your own language if you are non-English speaking.

Right to Receive Additional Copies of this Notice: You have a right to receive additional copies of this Notice upon request. To request additional copies, please contact your local POE.

Right to File a Complaint: If you believe your privacy rights have been violated by First Steps, you have the right to complain to First Steps directly, to the Privacy Officer for the Cabinet for Health and Family Services or to the U.S. Department of Health and Human Services. First Steps will not retaliate against you if you file a complaint. If you believe that the POE has violated your privacy rights, you have the right to file a complaint with the POE. Please contact the POE for information about the POE's complaint procedure.

PRIVACY OFFICER

To receive additional information or to file a complaint with First Steps, please contact the Program Manager at your local POE. If you do not know your local POE, you can call First Steps at 877-41STEPS. If you wish to file a complaint with the U.S. Department of Health and Human Services, please write to:

Region IV – Atlanta
Regional Manager
Office for Civil Rights
U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909

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Effective Date: April 13, 2003

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

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Statement of Assurances – Procedural Safeguards

Child's Name: _____ **DOB:** _____ **TOTS ID#:** _____

Please initial that your Service Coordinator presented each point to you and that these assurances were explained to you satisfactorily:

	Assurance/Procedural Safeguard	Initial
1.	Your child will receive a timely multidisciplinary evaluation to determine his or her eligibility for the First Steps program, and will receive initial and ongoing assessment to assist with service planning and progress monitoring.	
2.	Your written consent will be obtained prior to the initial evaluation and assessment as well as prior to the initiation of any First Steps service. Your consent is voluntary and may be revoked at any time, except to the extent that it has already been acted upon. Your refusal to consent to any or all First Steps services will not affect any other First Steps services to which you have consented. It is important to note, however, that failure to provide consent may result in an inability of the First Steps program to provide any or all First Steps services. You and your child will receive the First Steps services to which you provide consent.	
3.	If eligible, you, your service coordinator, and the person or persons who provided your child's initial evaluation and assessment(s) will work together to develop an Individualized Family Service Plan (IFSP). This plan will be based on your priorities, resources and concerns and will identify the First Steps services, other services and supports necessary to assist you in supporting your child's development. First Steps services must be research-based and are provided according to program guidelines. A record review process is available to assist IFSP Teams in determining the most appropriate intensity and configuration of services, if necessary.	
4.	Written prior notice must be given to you a reasonable time before the First Steps program proposes or refuses to initiate or change the identification, evaluation or placement of your child (including transition at age three) or the provision of appropriate First Steps services for your child and family.	
5.	The First Steps program collects and maintains information about your family, including information regarding program eligibility, diagnostic information and financial information. This information is maintained in an electronic developmental record as well as a hardcopy record. Information about your child is confidential and cannot be shared with others without your written permission.	
6.	You can inspect your child's First Steps record and if you disagree with something in the record, you can request that the information be corrected.	
7.	Your family decides who to include in your child's program. You can bring a friend, an advocate or even an attorney, if you wish, to any or all First Steps meetings.	
8.	Your family can request that the First Steps program communicate with you in a way that you understand (Braille, audiotape, native language, etc.).	
9.	There are several ways to resolve your family's complaints with any or all parts of the First Steps program. These include filing a formal complaint with the State Lead Agency, requesting Mediation or requesting a Due Process Hearing. Your service coordinator can help you choose the method that best suits your needs.	
10.	Six to nine months before your child turns three, your service coordinator will assist you in preparing your child for the transition from First Steps to preschool or other services or programs. In addition, at or shortly after 30 months of age, basic referral information (i.e. child and family name, address and phone number) will be shared with the Kentucky Department of Education to assist with their Child Find efforts, in accordance with federal regulation.	
11.	You have received a copy of your rights as they are described in the Family Rights Handbook.	
12.	Your signature on the IFSP is your consent for services to be provided to your child and family.	

Service Coordinator Signature _____ **Date:** _____

Signature of Parent/Guardian _____ **Date:** _____

Other Parent/Guardian Signature _____ **Date:** _____

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Request for Intensive Level Evaluation

1. Submitted by: *Check the one that applies:* ☐ DCES ☐ POE Manager	Child's TOTS #:	Date:
2. IFSP team has reviewed current available assessment information : *Check all that apply* ☐ 5AA ☐ PLE ☐ Discipline Specific Assessment		
3. IFSP team has reviewed current service logs and communication logs and discussed the information: Date of team discussion: Discussion held by: ☐ telephone ☐ face-to-face meeting		
4. What is the purpose of the ILE request?		
5. Why does the team believe additional assessment information is required to develop an effective IFSP?		
State Lead Agency Use Only		
Date child's file reviewed: _____ Reviewed by: _____		
Request for ILE: Date _____ ☐ Approved ☐ Disapproved		

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Kentucky

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

POE Office Address
Phone:
Fax:

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Date

Parent Name
Address

Dear *Parent Name*;

First Steps, Kentucky's Early Intervention System, provides developmental intervention services for children ages birth to three. Your child, *Child Name*, was enrolled in First Steps from [*date record opened*] to [*date record closed*]. The Individuals with Disabilities Education Improvement Act (IDEA) requires us to notify you that your child's early intervention record will be destroyed on [*date]*.

You may request the early intervention record by completing the enclosed form and returning it to the address on the form no later than [*date—must be at least 30 days from date of letter*]. If the form is not received by this office by the [*date—must be at least 30 days from date of letter*], then the early intervention record will be destroyed.

Sincerely,

_____
Point of Entry Manager

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

Record Request Form

Date: _____

Child's Name: _____ **Child's Date of Birth:** _____

I am requesting my child's early intervention record that is slated to be destroyed as permitted by the federal law known as the Individuals with Disabilities Education Improvement Act (IDEA). Please send the record to this address:

_____

_____

_____

_____

Thank you for your timely attention to this request.

Signature: _____ **Date:**_____

Return this signed form to no later than *[date]*

POE Address

For Point of Entry Use Only
Date Received: _____ Date Record Sent:_____

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

275 East Main Street, HS2W-C
Frankfort, KY 40621

Phone: (502)564-3756
Fax: (502)564-0329

Waiver of Interpreter Services – Limited English Proficiency (LEP)

I understand that the Cabinet or its contract agent has to offer me interpreter services free of charge. I do not want interpreter services today. I understand that I can change my mind and get the services in the future. If there are mistakes in my case record because I did not use the Cabinet's or agent's interpreter, I will not hold them responsible.

_____ I want to communicate in English.

Or

_____ I want to have _____ Interpret for me. I understand that the person I have picked to help me may not be a qualified interpreter.

_____
Signature

_____
Date

Signatures of two witnesses, if available:

_____
Witness

_____
Witness

Renuncia de Servicios de Intérprete – Proficiencia Limitada en Inglés

Entiendo que el Gabinete o su agente de contrato tiene que ofrecerme los servicios de un intérprete sin cargo. No quiero los servicios de un intérprete hoy. Entiendo que puedo cambiar de opinión y obtener los servicios en el futuro. Si existen errores en el historial de mi caso porque no utilicé al intérprete del Gabinete o del agente, no les consideraré responsables.

_____ Quiero comunicarme en inglés.

O

_____ Quiero que _____ interprete para mí. Entiendo que la persona a quien he elegido para ayudarme puede no ser un intérprete calificado.

_____
Firma

_____
Fecha

Firmas de dos testigos si son disponibles:

_____
Testigo

_____
Testigo

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Kentucky

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

POE Office Address
Phone:
Fax:

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6/2011

Date

Parent Name
Address

Dear *Parent Name*:

Thank you for your assistance in completing the Ages and Stage-3 Questionnaire (ASQ-3) for your child. This screening tool provides valuable information regarding your child's development and determining their need for further developmental evaluation through the First Steps program.

First Steps, Kentucky's Early Intervention System, provides developmental intervention services for children ages birth to three. The children qualifying for these services have a significant developmental delay or have medical conditions which put them at risk for significant delays in their development or a disability.

Your responses to the questionnaire show that your child's development in the following area(s) should be monitored for a period of time.

___ Communication ___ Problem Solving ___ Gross Motor

___ Fine Motor ___ Personal Social

Enclosed you will find developmental information and age-appropriate activities recommended for your child. You are encouraged to review this information and try out the activities with your child during the next few months.

If concerns continue before your child turns three, you are welcome to contact us again at the above number to discuss your child's development.

Sincerely,

_____
District Child Evaluation Specialist

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

275 East Main Street, HS2W-C
Frankfort, KY 40621

Phone: (502)564-3756
Fax: (502)564-0329

DATE:

DCBS case worker name
DCBS Address

FROM: [NAME, DCES]

Thank you for referring ___*(child's name/DOB)*___ to the First Steps Program. We appreciate your interest in the well being of young children.

First Steps, Kentucky's Early Intervention System, provides developmental intervention services for children ages birth to three. The children qualifying for these services have a significant developmental delay or have medical conditions which put them at risk for significant delays in their development or a disability.

Following the procedures for the Part C system, we are unable to process your referral at this time. This is due to the following:

- ❑ No indication of a developmental delay;
- ❑ Child is within the age range of two years, ten and one-half months (2 years, 10.5 months) to three (3)years of age; and/or,
- ❑ Child is not a resident of KY.

Please note that you can re-refer this child (if under the age of two years, ten and one-half months) at any time if there is a developmental concern that arises. Please contact me if you have any questions.

Again, thank you for the referral.

Sincerely,

_____
District Child Evaluation Specialist

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

First Steps CCSHCN Referral Form

☐ Eval. for Initial Eligibility ☐ Ongoing Assessment-Annual/Exit 5AA ☐ Re-Eval for Continued Eligibility

Child's Name:	
Date of Birth:	
Address:	
Daytime Phone #:	
Legal Guardian's Name:	
Insurance Information:	Name of Insurance: _____ Address: _____ Phone #: _____ Policy #: _____ Group#: _____ Insured's Name: _____ Insured's SS #: _____
☐ Medicaid/Passport	Card #: _____
Child In Foster Care? ___Yes ___No	If Yes, Name of Social Worker: _____ Contact #: _____
First Steps Contact Name:	
First Steps Contact #:	
Reason For Referral:	_____ _____ _____
Interpreter Needed:	☐ Yes ☐ No Scheduled: _____
TOTS ID #: **(Required)**	
Planned Period Dates: **(Required)**	Begin Date: _____ End Date: _____

A referral form must be faxed on every referral to ensure appropriate documentation and billing.

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Kentucky

FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

POE Office Address
Phone:
Fax:

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Date

Parent Name
Address

Dear *Parent Name*:

Child's Name was recently evaluated by First Steps, Kentucky's Early Intervention System.

Your child
- ❑ Is Eligible for Early Intervention Services at this time.
- ❑ Is Not Eligible for Early Intervention Services at this time.

If I can answer any questions please feel free to contact me at *phone number*.

Sincerely,

_____
Service Coordinator

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

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POE Office Address
Phone:
Fax:

NICU Referral Form
(From First Steps to NICU)

Parent/Child Contact Information

Child's Name: _____ Date of Birth: ____/____/____
TOTS ID: _____ Date of Referral to NICU: ____/____/____
Child resides with (Circle): Parent Legal Guardian Foster Family
Parent Name(s): _____ Mother's Maiden Name: _____
Address: _____
Home Phone: _____ Other Phone: _____
If family has no phone, contact person: _____
Primary Language spoken in the home: _____
Name of Service Coordinator: _____ POE: _____
Service Coordinator Phone Number(s): _____

Basic Medical History

Is child currently being seen by a NICU Program? ☐ Yes ☐ No
Hospital of Birth (If Known): _____
Gestational Age: _____wks. Birth Weight: _____
NICU Stay: ☐ Yes ☐ No If yes, location of NICU Program: _____
Other hospitalizations: _____
Referral Source: _____
Primary Medical Doctor: _____
Developmental and medical concerns(reasons for referral): _____
_____
ASQ Completed: ☐ Yes ☐ No, Reason: _____
Level of Evaluation or Assessment being requested: ☐ PLE ☐ ILE with Board Certified MD ☐ FAA
Please list any confirmed Established Risk Condition: _____
Please fax any medical documents you may have including: Newborn or NICU Discharge Summary, Pediatrician records, records from other medical specialists, ASQ results.

NICU Contact Information

UK Healthcare NICU Graduate Clinic 333 Waller Avenue, Suite 300 Lexington, KY 40504 Phone: 859-323-6469 fax: 859-257-9052	U of L Neonatal Follow up Clinic C/O: Angie Guest 601 S. Floyd Street, Suite 801 Louisville, KY 40202 Phone: 502-852-0136 fax: 502-852-0135

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FIRST STEPS
KENTUCKY'S EARLY INTERVENTION SYSTEM

POE Office Address

Phone:

Fax:

Date

Referral Source Name
Referral Source Address

Dear *Referral Source Name*:

Thank you for referring a child to the Kentucky Early Intervention System. We appreciate your interest in the well being of young children.

We have started the intake process with the family, following the procedures for the Part C System. This includes, with the family's consent, determining eligibility. If the child is found eligible and the family agrees, we will then develop an Individualized Family Service Plan (IFSP). These activities must be completed within 45 days of the receipt of the referral.

The parent has given written permission to share the following information:

- ☐ Program Eligibility
- ☐ Financial Information
- ☐ Vision Reports
- ☐ Audiological Reports
- ☐ Speech Therapy Reports
- ☐ Physical Therapy Reports
- ☐ Occupational Therapy Reports
- ☐ Developmental Intervention Reports
- ☐ IFSP
- ☐ Medical Records, including diagnosis, discharge summary
- ☐ Other: Specify _____

Again, thank you for the referral.

Sincerely,

_____
Service Coordinator

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2004 Census Test

United States Census 2010

LANGUAGE IDENTIFICATION FLASHCARD

☐ ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
☐ Խնդրում ենք նչում կատարեք այս քառակուսում, եթե խոսում կամ կարդում եք հայերեն:	2. Armenian
☐ যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
☐ ឈូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
☐ Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
☐ 如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
☐ 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
☐ Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8.Croatian
☐ Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
☐ Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
☐ Mark this box if you read or speak English.	11. English
☐ اگر خواندن و نوشتن فارسي بلد هستيد، اين مربع را علامت بزنيد.	12. Farsi

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☐ Cocher ici si vous lisez ou parlez le français.	13. French
☐ Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
☐ Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
☐ Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
☐ अगर आप हिन्दी बोलते या पढ़ सकते हों तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
☐ Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
☐ Jelölje meg ezt a kockát, ha megérti vagy beszéli a magyar nyelvet.	19. Hungarian
☐ Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
☐ Marchi questa casella se legge o parla italiano.	21. Italian
☐ 日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
☐ 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
☐ ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
☐ Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

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☐ Assinale este quadrado se você lê ou fala português.	26. Portuguese
☐ Însemnaţi această căsuţă dacă citiţi sau vorbiţi româneşte.	27. Romanian
☐ Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
☐ Обележите овај квадратић уколико читате или говорите српски језик.	29. Serbian
☐ Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
☐ Marque esta casilla si lee o habla español.	31. Spanish
☐ Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
☐ ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
☐ Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
☐ Відмітьте цю клітинку, якщо ви читаєте або говорите українською мовою.	35. Ukranian
☐ اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
☐ Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
☐ באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

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NOTICE OF INTERPRETATION SERVICES

ENGLISH

If you do not speak English, or if you are deaf, hard of hearing, or deaf/blind, you can have interpretation services provided for you at no charge. Tell the person helping you that you need an interpreter.

BOSNIAN

Ako ne govorite engleski ili ako ste gluvi, slabo cujete ili gluvi/slijepi, mozete imati Obezbijedene prevodilacke usluge. Recite osobi koja vam pomaze da vam treba prevodilac.

CHINESE

如果您不會説英語，或如果您是耳聾、聽力有困難或又聾又盲之人士，您可以獲得免費提供的翻譯服務。如果您需要一位翻譯員，請告知那位幫助您的人。

HMONG

Yog has tas koj has tsi tau lug aaskiv, los koj yog tuabneeg ruag, tsi nov lug, los yog tuabneeg ruag/tuabneeg dligmuag, koj yuav tau kev paab txhais lug dlawb le xwb. Qha rua tug kws paab koj ntawm ko has tas koj xaav tau paab txhais lug.

JAPANESE

英語を話せない方、耳の聴えない方、難聴の方、耳が聴えなくかつ盲目の方は、担当者に申し出て頂くと、無料で通訳のサービスをご利用いただけます。

KOREAN

귀하가 영어를 사용하지 않으시거나, 농아자 혹은 청각 장애자이시거나 또는 맹인이시면 통역가의 도움을 받으실 수 있습니다. 귀하를 협조하는 직원에게 통역가가 필요하다고 알리시면, 무료로 통역가의 도움을 받으실 수 있습니다.

LAOTIAN

ຖ້າຫາກວ່າທ່ານບໍ່ປາກພາສາອັງກິດ, ຫລື ຖ້າຫາກວ່າທ່ານ ຫູໜວກ, ມີຄວາມລຳບາກໃນການຟັງ, ຫລື ຫູໜວກ/ຕາບອດ, ທ່ານສາມາດໄດ້ຮັບການບໍຣິການດ້ານແປພາສາຢ່ຶ່ງຖືກຈັດຫາໃຫ້ທ່ານໂດຍບໍ່ຄິດຄ່າ. ບອກໃຫ້ບຸກຄົນຜູ້ທີ່ຊ່ວຍເຫລືອທ່ານ ວ່າທ່ານຕ້ອງການນາຍພາສາ.

RUSSIAN

Если вы не говорите по-английски или если вы глухой, плохо сышите или глухой и слепой, вы можете пользоваться услугами переводчика бесплатно. Скажите обслужива ющему вас работнику, что вам нужен переводчик.

SPANISH

Si Ud. no habla inglés, o si es sordo, tiene dificultad para oir, o es sordo/ciego, se le podrán proporcionar servicios de interpretación sin costo. Dígale a la persona que le esté ayudando que necesita un intérprete.

VIETNAMESE

Nếu quí vị không nói được anh ngữ, hoặc nếu quí vị bị điếc, bị khó nghe, hoặc điếc/mù, quí vị có thể được cung cấp dịch vụ thông dịch miễn phí. Xin nói với người giúp quí vị rằng quí vị cần một thông dịch viên.

Other languages are available on request

Appendix B: Records

Appendix B: Early Intervention Records

Early intervention records developed and maintained by First Steps are under the jurisdiction of the Family Education Rights and Privacy Act (FERPA) and Individuals with Disabilities Education Improvement Act (IDEA) provisions. Due to this, early intervention records are considered educational records. The IDEA regulation found at 34 CFR 303.5 states that references to state educational agency means the lead agency for Part C and that reference to special education and related services means Early Intervention Services. Also, references to a Local Education Agency (LEA) means a local service provider.

HIPAA provisions apply to the business transactions of First Steps. First Steps collects and maintains personally identifiable health information for billing purposes and claims payment. The HIPAA and FERPA provisions intersect at times, depending upon the action being taken.

First Steps must comply with the provisions of IDEA and FERPA regarding the child's Early Intervention (EI) record. The following summarizes the requirements for EI records.

Parental Access to the Early Intervention Record
Parents must be permitted to inspect and review any or all portions of the electronic or hard copy record relating to their child as a part of the First Steps program. The POE, or any other agency maintaining such records, must allow parents access without unnecessary delay. Parents cannot be denied access by the public agency due to physical limitations or geographic locations. Service Coordinators MUST provide assistance to parents wishing to review their child's record.

If an Early Intervention (EI) record or documentation includes information on more than one (1) child, the parents of those children have the right to inspect and review only the information relating to their child or to be informed of the specific information. The identifying information on other children/individuals must be redacted, or blacked out, prior to inspection.

Parents also have the right to request an explanation of the records or to request an amendment to the records. If a family believes that the information contained in their child's EI record is inaccurate, misleading or discriminatory in some manner, they may request in writing that this information be either removed or rewritten to more accurately reflect their child. Inspecting and reviewing records includes a right to:

1) A response from the POE to reasonable requests for explanations and interpretations of the records;
2) A request that the POE provide copies of the records containing the information, if failure to provide those copies would effectively prevent the parent/legal guardian from exercising the right to inspect and review the records; and
3) A representative of the parent/legal guardian to inspect and review the records.

Noncustodial Right to Review Records
The POE may presume that the parent has the authority to inspect and review records relating to his or her child unless the POE has been advised that the parent/legal guardian does not have the authority under state law. In instances of noncustodial parents, the POE assumes that the noncustodial parent has access rights to the child's EI record and is a participant in the IFSP development unless advised otherwise in writing by court order.

Confidentiality of personally identifiable information
Each POE must protect the confidentiality of personally identifiable information. Therefore, the POE will:

1) Appoint an individual to be responsible for ensuring the confidentiality of any personally identifiable information;
2) Provide training to all employees about the policies and procedures that govern personally identifiable information; and

3) Maintain a current list of the names and positions of those employees within the POE who have access to personally identifiable information.

The official EI record is maintained at the local POE administrative office. In order to adequately ensure that these records are protected, and the appropriate provisions put in place, the POE has the responsibility to monitor those having access to this information. Individuals with current, signed *Consent to Release/Obtain Information (FS-10)* in a child's EI record may access the information detailed on the release form, including obtaining a copy of the information. The staff at the POE should verify that a current release exists and the extent to which information may be shared prior to opening the full EI record to the individual named on the form.

Individuals who are part of the First Steps system, such as SLA employees who are conducting compliance monitoring or providers selected by the family to provide EI services, may access the EI record without parental consent. All individuals who access the hard copy file, with the exception of designated POE staff must sign and document the *Record of Access (FS-27)*. The *Record of Access (FS-27)* is maintained in the child's hard copy file.

The protection of confidentiality also extends to members of the child's family who are not their legal guardian. In the event that the POE staff or Service Coordinator need to communicate directly with family members other than the child's legal guardian(s), a signed *Consent to Release/Obtain Information (FS-10)* must be obtained from the legal guardian. This requirement also applies to those instances when a child is in foster care, or is a ward of the State. When necessary, the Educational Surrogate would sign the release.

FERPA Clarifications for Release of Information

Releasing information to Child Protection Agencies
While FERPA does not specifically permit schools and early intervention programs to disclose information from a child's education record to a child welfare agency if a child is a suspected victim of child abuse, OSEP has advised schools that they may do so under the Federal Child Abuse Prevention and Treatment Act (CAPTA). The review of CAPTA indicates that it is a later enacted, more specific Federal statute that conflicts with FERPA regarding the disclosure of information, and that Congress intended to override the privacy protections of FERPA when it enacted CAPTA. As a later enacted and more specific statute, OSEP believes that CAPTA reflected congressional intent that information specified in the statute be reported to child welfare agencies, notwithstanding FERPA's privacy provisions.

Releasing information to School Districts
Early intervention programs may disclose, without consent, "directory" information such as a child's name, address, telephone number, date of birth, name of child's Service Coordinator, and dates of enrollment. However, the early intervention program must tell parents about directory information and allow parents a reasonable amount of time to request that the early intervention program not to disclose directory information about them. Early intervention programs must notify parents annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a newsletter, handbook, or newspaper article) is left to the discretion of each early intervention program.

Parents who do not want directory, information released by the POE must complete and sign the *Transition Information for Parents (FS-11)*. The Service Coordinator must uncheck box number two (2) "Is the child potentially eligible for Part B?", on the transition/exit screen in TOTS.

Releasing to a Third Party
A POE must have a parent's consent prior to the disclosure of education record, evidenced by a signed and dated consent that states the purpose of the disclosure.

A POE MAY disclose education records without consent when:

1) The disclosure is to early intervention program or school officials who have been determined to have legitimate educational interests as set forth in the early intervention program district's annual notification of rights to parents;

2) The student is seeking or intending to enroll in another early intervention program or school;
3) The disclosure is to state or local educational authorities auditing or evaluating Federal or State supported education programs or enforcing Federal laws which relate to those programs;
4) The disclosure is pursuant to a lawfully issued court order or subpoena; and
5) The information disclosed has been appropriately designated as directory information by the early intervention program.

Destruction of Records for POE

Six (6) years after a child leaves First Steps system, and the personally identifiable information that has been collected, maintained or used by the POE is no longer needed to provide Early Intervention services, the POE is required to inform the family that the child's records will be destroyed unless the parent requests the records in writing. These records include:

1) The IFSP
2) Evaluation reports
3) Test protocols
4) Notifications of meetings
5) Notices of Action
6) Other personally identifiable information

Each POE must create and maintain a destruction of records file. This file documents the POE's actions concerning the destruction of early intervention records and provides evidence of appropriately destroyed records. This file must be maintained permanently.

The steps below are necessary to document the action taken by the POE to locate the family before destroying the First Steps file:

1) Mail a *Destruction of Records Letter (FS-32)* and the *Record Request Form (FS-33)* to the parent using the last known address and place a copy in a destruction of records file that will be maintained permanently by the POE.
2) If the parent returns a signed *Record Request Form (FS-33)* to the POE, the POE will send the records to the parents.
3) If the parent fails to respond within thirty (30) calendar days, note this on the *Destruction of Records Letter (FS-32)* and place it in the destruction of records file. Then the child's EI record can be destroyed.
4) If the notification letter is returned by the U.S. Postal System with a new address, a new letter should be prepared and mailed to the new address. This gives the parent another thirty (30) calendar days to respond.
5) If the parent returns a signed *Record Request Form (FS-33)* to the POE, the POE will send the EI records to the parent's new address.
6) If the parent fails to respond within thirty (30) calendar days, note this on the copy of the *Destruction of Records Letter (FS-32)* in the destruction of records file. Then the child's record can be destroyed.
7) If the letter is returned by the U.S. Postal System as undeliverable, the returned letter/envelope shall be placed in a destruction of records file maintained at the POE and the child's EI record can be destroyed.

Destruction of Records for Service Providers

Six (6) years after the last date of service for a child and the personally identifiable information that has been collected, maintained or used by the provider is no longer needed to provide Early Intervention Services, the provider is required to inform the family that the child's records will be destroyed unless the parent requests the records in writing. These records include:

1) The IFSP
2) Evaluation reports
3) Test protocols
4) Treatment plans
5) Notifications of meetings

6) Notices of Action
7) Other personally identifiable information

Each provider must create and maintain a destruction of records file. This file documents the provider's actions concerning the destruction of early intervention records and provides evidence of appropriately destroyed records. This file must be maintained permanently.

The steps below are necessary to document the action taken by the provider to locate the family before destroying the First Steps file:

1) Mail a *Destruction of Records Letter (FS-32)* and the *Record Request Form (FS-33)* to the parent using the last known address and place a copy in a destruction of records file that will be maintained permanently by the provider.
2) If the parent returns a signed *Record Request Form (FS-33)* to the provider, the provider will send the records to the parents.
3) If the parent fails to respond within thirty (30) calendar days, note this on the *Destruction of Records Letter (FS-32)* and place it in the destruction of records file. Then the child's EI record can be destroyed.
4) If the notification letter is returned by the U.S. Postal System with a new address, a new letter should be prepared and mailed to the new address. This gives the parent another thirty (30) calendar days to respond.
5) If the parent returns a signed *Record Request Form (FS-33)* to the provider, the provider will send the EI records to the parent's new address.
6) If the parent fails to respond within thirty (30) calendar days, note this on the copy of the *Destruction of Records Letter (FS-32)* in the destruction of records file. Then the child's record can be destroyed.
7) If the letter is returned by the U.S. Postal System as undeliverable, the returned letter/envelope shall be placed in a destruction of records file maintained at the provider and the child's EI record can be destroyed.

Appendix C: Provider Guidelines

APPENDIX C: Provider Guidelines

Introduction
Individuals wishing to contract with First Steps, Kentucky's Early Intervention System, must meet the minimum entry level requirements as outlined in 902 KAR 30:150 Section 2. All contractors must have a current license in their chosen discipline at the time of contract approval and maintain the license throughout the contract period. Failure to maintain a current license will result in a suspension of services until the license is reinstated and recoupment of any funds paid during the lapse period.

First Steps program enrolls a sufficient number of providers necessary to carry out Early Intervention Services. If an area has a sufficient number of providers for a specific discipline, a new contractor wishing to work under that discipline in that area may not be approved until a need is identified. Enrolled providers are not guaranteed a set number of referrals. Referral to providers is based on the needs of the district.

Required Background Checks
All those interested in contracting with First Steps, either individually or through an agency, must undergo a background check through the Administrative Office of the Courts, the Central Registry Check and the Sex Offender Registry. State Lead Agency (SLA) staff reserves the right to obtain the court documents related to an offense that is questionable. Examples of these include, but are not limited to, theft by unlawful taking, sustained child neglect or abuse, harassment and assault. Based on the results of these background checks, the SLA may elect not to offer a contract to an individual, or may not approve an individual to be added to an agency contract.

In addition, because First Steps is the enrolled Medicaid provider for Early Intervention Services, all contractors will be checked through the U. S. Department of Health and Human Services, Office of Inspector General List of Excluded Individuals database. First Steps does not contract with an individual or entity that has been excluded from Medicaid or Medicare billing.

HIPAA Requirements
Services provided to eligible children and their families through First Steps are covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the confidentiality and record keeping provisions of the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Individuals with Disabilities Education Improvement Act (IDEA). Providers are required to comply fully with all acts; however, there are specific required provisions within HIPAA outlined below:

1) Providers must develop a **Notice of Privacy Practices** that outlines the information collected from families, how that information will be used and the requirements for disclosure of the collected information; and
2) Providers are required to obtain a National Provider Identifier (NPI) number prior to contract approval.

Tax Identification
Providers also must obtain a tax identification number. This number is used for tax reporting purposes and will be used when completing the credentialing process for billing insurance. An individual social security number cannot be used for insurance credentialing.

Insurance Credentialing and Billing
First Steps is the payor of last resort for Early Intervention Services. This means that all other funding sources must be utilized prior to submitting a bill to First Steps for Early Intervention Services. All First Steps providers are required to complete the credentialing process for each insurance company they will be billing and encouraged to enroll as an in-network provider.

Early Intervention Services and Roles
Federal Regulations (34 CFR 303.12 (a)) define Early Intervention Services as services that:

1) Are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development;
2) Are selected in collaboration with the parents;

3) Are provided under public supervision by qualified personnel;
4) Are provided in conformity with an Individualized Family Service Plan (IFSP) at no cost, unless, subject to a system of payments by families, including a schedule of sliding fees; and
5) Are in compliance with the standards of the State.

Further, the responsibility of early intervention service providers is defined (34 CFR 303.12 (c)) as:

1) Consulting with parents, other service providers, and representatives of appropriate community agencies to ensure the effective provision of services in that area;
2) Training parents and others regarding the provision of those services; and
3) Participating in the multidisciplinary team's assessment of a child and the child's family, and in the development of integrated goals and outcomes for the Individualized Family Service Plan (IFSP).

The First Steps service delivery system is a team-based interdisciplinary model which consists of the components listed below. This interdisciplinary model refers to providers from multiple professional disciplines that represent specific areas of expertise working together with families to accomplish the IFSP outcomes. Transdisciplinary service delivery is supported in this model in the specific ways that team members interact. This interaction requires that the team members collaborate and provide integrated, routines-based interventions in the child's natural environment.

The Division of Early Childhood (DEC) Recommended Practices for the Interdisciplinary Model of Service Delivery identifies four guiding principles which are supported in the First Steps system:

1) Teamwork is a collective responsibility of the provider, families, Service Coordinator, and other resource providers involved in service delivery to a child and family. This is supported in First Steps partially through the team meeting process and partially through practices which support these guidelines.
2) The transdisciplinary model discourages fracturing or segregating services along disciplinary lines and supports the exchange of competencies among team members. This means that the expertise brought to service delivery by individuals from different disciplines is enhanced through function as a team member, rather than functioning solely as an individual, discipline-specific provider.
3) Service delivery should be outcome-based and functional. This means that the interventions utilized are necessary for the child's engagement, independence and social relationships in the context of his home and community environments. Providers are responsible for knowing the most effective approaches, which support these, matching them to the child's need and sharing them with the team.
4) Service delivery must be practical in that it supports caregivers in ways that are meaningful to them for ongoing interactions in the natural environment rather than in relying on "isolated" contracts or sessions. The First Steps system supports the belief that it is not the provider who has the direct impact on the child, but it is the child's natural caregiver--parents, child care providers, etc. Providers support this guideline through service provision that involves the family in the service delivery through demonstration, written information, and planned opportunities for practice.

Early Intervention Provider Types

First Steps, the SLA for Part C of the Individuals with Disabilities Education Improvement Act (IDEA) maintains contracts with a variety of service specialist to meet the needs of children and families. These include:

1) Audiologist
2) Developmental Interventionist (DI)
3) Family Therapist
4) Licensed Professional Clinical Counselor (LPCC)
5) Nutritionist and Registered Dietician
6) Nurse, RN
7) Nurse, LPN

8) Occupational Therapist (OT)
9) Occupational Therapy Assistant (OTA)
10) Orientation and Mobility Specialist
11) Physical Therapist (PT)
12) Physical Therapy Assistant (PTA)
13) Physician, including Ophthalmologist and Optometrist
14) Psychologist
15) Social Worker
16) Speech Language Pathologist (SLP)
17) Teacher of the Deaf and Hard of Hearing
18) Teacher of the Visually Impaired

Types of Early Intervention Services

The professionals listed above perform a variety of services in First Steps. These include:

Assistive Technology services directly assist a child with a disability in the selection, acquisition, or use of an assistive technology device. An assistive technology device is any item, piece of equipment or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain or improve the functional capabilities of children with disabilities.

Audiology services include identification of an auditory impairment through screening and testing and the provision of auditory training, aural rehabilitation, speech reading, listening device orientation and training. This service also includes the determination of need for individual amplification and the subsequent evaluation of the effectiveness of those devices.

Family Training and Counseling services are provided, as appropriate, by Social Workers, Psychologists, Licensed Professional Clinical Counselors, and other qualified personnel to assist the family in understanding the special needs of the child and how the family can enhance the child's development through daily routines in the home environment.

Developmental Intervention services address the cognitive and social interaction skills and unique learning strengths and needs of the child with a disability. This service is designed to teach the family skills to enhance the child's development.

Nursing services include the assessment of health status and the provision of nursing care required for the child to benefit from Early Intervention Services during the time the child receives the Early Intervention Services.

Nutrition services address assessment of nutritional history and dietary intake, feeding skills and feeding problems, food habits and preferences.

Occupational Therapy services address the functional needs of a child related to adaptive development, adaptive behavior and play, as well as sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home and community settings.

Physical Therapy services address the assessment of gross motor skills and disorders of movement and posture and a treatment through a variety of modalities. This service is designed to promote effective environmental adaptations.

Speech Language services address the speech and/or language development through identification and treatment of children with communicative or oral motor disorder. Specific delays and disorders may include articulation, receptive and expressive language, and fluency and voice problems.

Psychology services address the psychological development of a child through assessment and

obtaining, integrating, and interpreting information about the child's behavior, and child and family conditions related to learning, mental health and development of the child.

Medical services are only for diagnostic or evaluation purposes and are performed by a licensed physician to determine a child's developmental status and need for Early Intervention Services.

A First Steps provider has diverse roles. However, the primary role is to work collaboratively with the family, child, and IFSP team members so that the child can participate fully in the family and community. First Steps incorporates the information from the Routines-Based Interview (RBI) into the IFSP. This identifies the family's priorities and needs regarding their child's development. Providers should utilize this information in the decision-making regarding their service delivery with the child and family. Listed below are some of the typical roles in which a service provider will engage:

1) Consultant—this may be with a family member, service provider, Service Coordinator, and/or a representative of a community agency to ensure the attainment of identified outcomes.
2) Teacher—this may be with a family member/child care worker, teaching different strategies necessary to attain an identified outcome.
3) Team Member—this may be at team meetings to assist the team with its responsibilities.

Provider Responsibilities

1) Adhere to all reporting requirements, including completion of complete and timely service logs in the statewide data management system that describes contacts with the family/child for that month.
2) Maintain a hard copy file for a minimum of six (6) years, which contains all consents and releases with original parent/guardian signatures.
3) Participate and fully cooperate with any general supervision management activities as required by the State.
4) Complete required training.

By state law all First Steps providers are mandated reporters for suspected abuse and neglect.

Enrollment Procedures

Any individual or agency that wishes to participate as a provider in the First Steps program completes and submits to the State Lead Agency (SLA):

1) A valid professional license, registration, or certificate;
2) Provider Enrollment Form RF-6;
3) Code of Ethical Conduct;
4) Individual Provider Agreement RF-5A; and
5) Business Associate Agreement.
6) Record of Provider Signature RF-23

Adhere to the programs background check policy and submit, prior to final approval:

1) Administrative Office of the Courts, PT 49 Criminal Background Check form; and
2) Central Registry Check form, DPP-156.
3) National Provider Identifier (NPI) number.

The application will not be considered complete and will not be processed until all information and any subsequent documentation requested by the program is provided. These forms are available on the First Steps website or can be requested from the SLA.

Additional Information for Enrollment

1) All providers are to maintain an active email address and notify the SLA immediately of any change in email address.
2) A current address, phone number and working fax number are to be on file and any changes in same must be submitted within thirty (30) calendar days of the date of change.
3) All potential service providers must complete the required training modules and attend a face-to-face orientation before submitting the provider enrollment packet to the SLA.

SLA staff will verify the potential provider is not excluded from the Medicare/Medicaid billing system through the U.S. Department of Health and Human Services, Office of Inspector General.

Providers who enroll as an employee of an agency may receive benefits offered by that agency, such as health insurance, disability insurance, retirement, etc. Providers who enroll as independents must purchase their own health insurance, professional liability insurance, and pay federal and state taxes on the income received.

Service Coordinators must be employed, either directly or through contract, with a Point of Entry/Local Lead Agency. Service Coordinators do not enroll separately as providers but are providers through their employee agency.

Confirmation of Enrollment

Once the SLA reviews all required documentation, each provider receives notification from the SLA confirming enrollment. This notification includes the provider's user ID and password for the statewide data management system (TOTS). The program will make an enrollment determination within ninety (90) calendar days of receipt of a completed application. If the applicant is approved for enrollment, the contract is executed and the program issues a contract number that is used by the provider solely for identification purposes. This provider number is a unique identifier and shall not be shared with any other provider. A provider's participation begins and ends on the dates specified in the executed contract for program participation. Contract administrators are accountable for the actions of those working under their Provider Agreement. Providers who allow others to work under their contract should ensure that all providers are aware of the provisions of the Provider Agreement, the Code of Ethical Conduct and the Business Associate Agreement.

Provider applications and contracts must be renewed on June 30th of even numbered years, and the individual or agency wishing to renew their contract must submit the required documentation to continue that contract.

Disenrollment of a Provider

If a provider decides to no longer provide service to children in the First Steps system, the following activities are necessary:

1) All authorizations must be cancelled with the appropriate date.
2) The provider must notify the Service Coordinator of his disenrollment so the Service Coordinator can assist the family with selecting another provider.
3) The provider must submit the appropriate paperwork to the SLA to exit from the system.
4) All documentation and billing must be entered into the statewide data management system within thirty (30) calendar days of submitting the disenrollment paperwork.
5) After thirty (30) calendar days, the provider's user ID and password for the statewide data management system will become inactive.

Disenrollment of a Provider by the State Lead Agency

The SLA reserves the right to terminate a provider agreement for any reason. If a provider is disenrolled by the SLA, the following steps are taken:

1) The SLA notifies the provider by certified mail.
2) The provider must notify the Service Coordinator, who will assist the family with selecting a new provider.
3) All documentation and billing must be entered into the statewide data management system within sixty (60) calendar days of receipt of the notice of disenrollment.
4) After sixty (60) calendar days, the provider's user ID and password for the statewide data management system will become inactive.

Through program monitoring there may be times the SLA will recommend disciplinary action against a provider that works under an agency contract. General supervision staff will work with the contract administrator to ensure a timely resolution to the satisfaction of all parties should such an incident arise.

Documentation Requirements for Service Providers

Effective documentation is critical to the early intervention system process. It serves as a "blueprint" for service provision as well as a means for accountability and provides:

1) A chronological record of the child's status, which details the complete course of intervention;
2) Communication among professionals and the family;
3) An objective basis to determine the appropriateness, effectiveness, and necessity of intervention; and,
4) The practitioner's rationale for service methods.

Documentation must be efficient and effective. Because the primary audience in Part C is the family, it is important to use person-first language, avoid jargon, be respectful, and relate comments back to performance concerns.

Each provider must use the service log or communication log in the child's TOTS record to document each date of service. Documentation is required for quality assurance purposes by First Steps, Medicaid and any other payor. If a contact was scheduled but did not occur, a note should be completed noting the missed contact and any plan for future action.

Not only is the service log used to generate billing, it is a reflection of the services provided. Each service note must include a list of all those present during the session, a description of the Early Intervention Service(s) provided, the child's response and future action to be taken. The provider may also wish to include information related to how the parent/caregiver was involved in the session and any obstacles encountered during the session.

Service logs must be entered into TOTS within five (5) calendar days of the date of service. If this timeline is missed, the provider must contact the SLA for service log entry.

When a child is seen primarily in a child care setting, it is the provider's responsibility to ensure the skills/behaviors the child is learning are such that the parent can incorporate the skills/strategies into the child's routine at home. The provider must communicate with the parent on a regular basis, either by telephone or by face to face visit, to discuss the child's progress and how the parent has been able to incorporate the recommended strategies into the child's daily routine. Each contact must be recorded in the child's record in TOTS. In addition to the phone or face-to-face contact, providers are encouraged to provide a note to the parent after each early intervention session provided in the child care setting describing what occurred during the session.

Missed Visits

Given the frequency of illness in young children, family and provider vacations, and other unforeseen issues, missed sessions are inevitable. However, they should not be routine occurrences. Providers should make every effort to avoid missing service sessions. A provider can reschedule a missed visit based upon the guidelines stated below:

1) If a weekly or monthly service session cannot be rescheduled within seven (7) calendar days of the original scheduled date, it should be considered a missed session.
2) Never provide a make-up session on the same date that a regular session has been scheduled if the total amount of time will exceed one (1) hour of service for the day. Do not split the total amount of time of the missed session across several subsequent visits.
3) If it is necessary for a provider to miss a number of service sessions due to an extended vacation or prolonged illness/injury, etc., the family should be given the option of selecting another equally qualified provider to fill in during the absence or go without the service for the length of the expected absence.
4) Always document in TOTS on the service log the date of the missed visit, the reason for the missed visit and if you rescheduled based on the above guidelines.
5) Always bill for a make-up session based upon the actual date of service, not the date of the missed session.

A "no show" is different from a missed visit. A "no show" is defined as a visit that was attempted but the family did not answer the door when the provider arrived. A "missed visit" is a visit that the provider had prior knowledge that the family, or provider, would not be able to keep the scheduled appointment.

Substitution of a service provider who is not authorized to provide services in First Steps is not allowed. Providers who arrange for this sort of coverage may face enforcement actions that could include recoupment of the monies paid, and/or contract termination.

Six (6) Month, Annual and Exit Progress Report Requirements

Ongoing assessment of the child's progress/ response to Early Intervention Services shall be documented in with each service log. The family's ongoing and changing identification of their resources, priorities and concerns as it enhances their child's development should guide the program planning. Personal preferences of the family should direct the methods of gathering this information. Assessment can determine in what way the child's development is atypical, what kinds of intervention may be appropriate, how a child may respond to a particular strategy and if progress or change has occurred in a particular area of development. Ongoing assessment should occur in order for the family and service providers to ensure that concerns and strategies are focused to meet the child/family's current needs. Ongoing assessment should also ensure that the IFSP and services are flexible and accessible.

Ten (10) calendar days prior to the six (6) month or annual IFSP, each service provider shall complete a summary of the child's progress and provide a hard copy to the child's family/guardian.

The minimum components that should be included in that summary report are:

1) child's name;
2) date of birth;
3) name and title of person completing summary;
4) name of agency;
5) service being provided along with frequency and intensity;
6) service site;
7) child's actual attendance over the six (6) months;
8) summary of the progress made over the six (6) months; and,
9) recommendations.

Six (6) Month Progress Reports are entered in TOTS as part of the communication log.

Exit (Discharge) Summary

Providers are required to complete an exit or discharge summary. This summary describes the current developmental status of the child and summarizes progress achieved since the last formal progress report (six (6) month or Annual). The summary is documented in TOTS in the communication log and must be entered at least ten (10) calendar days prior to closing the case in TOTS and a hard copy is provided to parents.